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Proposed Counsel for Debtor-in-Possession  
Shields Nursing Centers, Inc.

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA  
OAKLAND DIVISION

In re:	}	CASE NO.: 23-bk-41201 CN 11
Shields Nursing Centers, Inc.,		Chapter 11
Debtor-in-Possession.		<b>DEBTOR'S MOTION PURSUANT TO SECTIONS 363(b) AND 105(a) OF THE BANKRUPTCY CODE FOR ORDER AUTHORIZING DEBTOR TO PAY CRITICAL VENDORS; MEMORANDUM OF POINTS AND AUTHORITIES; STATEMENT REGARDING CASH COLLATERAL; DECLARATION OF WILLIAM M. SHIELDS JR. IN SUPPORT THEREOF</b>
		<i>[Hearing Requested on Shortened Notice]</i>
		Date:
		Time:
		Place: U.S. Bankruptcy Court Courtroom 215 1300 Clay Street Oakland, CA 94612

**TO THE HONORABLE CHARLES NOVACK, THE UNITED STATES  
BANKRUPTCY JUDGE; THE OFFICE OF THE UNITED STATES TRUSTEE;  
SECURED CREDITORS; CRITICAL VENDORS ELAM'S CONSUTLING &  
INSPECTION SERVICES INC., INTERACTIVE THERAPY ESSENTIALS,**

1 **PROVIDENCE REHAB GROUP, INC., AND NUTRITION THERAPY**  
2 **ESSENTIALS; TWENTY LARGEST UNSECURED CREDITORS, AND**  
3 **PARTIES ENTITLED TO NOTICE:**

4 **EMERGENCY MOTION**

5 Shields Nursing Centers, Inc., the debtor and debtor in possession in the above-  
6 captioned case ("Debtor"), moves, on shortened notice, for an order authorizing but not  
7 requiring the Debtor to pay certain Critical Vendors including Elam's Consulting &  
8 Inspection Service Inc., Interactive Medical Systems Inc., Nutrition Therapy Essentials,  
9 and Providence Rehab Group, Inc. as fully described herein (collectively referred to as  
10 the "Critical Vendors"), pursuant to Sections 105(a) and 363(b) of the of the United  
11 States Code, 11 U.S.C. §§ 101, et seq. (the "Bankruptcy Code"), and Rule 4001(b)(2) of  
12 the Federal Rule of Bankruptcy Procedure (the "Bankruptcy Rules").

13  
14 The Debtor commenced its Chapter 11 bankruptcy case on September 20, 2023  
15 (the "Petition Date"). The Debtor has one prior chapter 11 bankruptcy case filed on May  
16 30, 2012 in the Northern District Bankruptcy Court, Case No.: 12-44638, in which case  
17 the Debtor was able to confirm a reorganization plan on April 16, 2014.

18 The Debtor was formed in November 1978 and operates a post-acute skilled  
19 nursing facilities in Richmond, California and El Cerrito, California, and serving the  
20 Contra Costa and surrounding counties. The locations for the nursing facilities are 1919  
21 Cutting Blvd., Richmond, California 94804 ("Richmond") and 3230 Carlson Blvd., El  
22 Cerrito, California 94530 ("El Cerrito").

23 The total capacity for the two facilities combined is 125 beds, with 94 beds being  
24 currently occupied. Both facilities have a five-star rating. The Debtor services patients  
25 with all types of acute diagnosis, including but not limited to extensive rehabilitation to  
26 long-term dementia, and with a specialty in healing difficult wounds. About 90% percent  
27  
28

of Debtor's revenue is generated by Federal and State contracts (Medicare and Medi-Cal).

In the Richmond location, the Debtor has 83 beds, and at present time, 59 beds are occupied. The El Cerrito location has a capacity of 42 beds and currently 35 beds are occupied. The employees include physicians, nurses, therapists, psychologists, dietitians, and social service personnel.

The services performed by the employees include administering medications, helping patients with mobility and transfers, changing wound dressings, communicating with doctors and other healthcare providers, offering physical, occupational and speech therapies to improve patients' strength, coordination, balance, and communication abilities. The social workers employed by the Debtor provide emotional support to patients and their families, help coordinate post-discharge care, and connect the patients with community resources. The administrative staff handles scheduling and billing, maintains medical records, and assists with other logistic tasks. The goal is to help the patients recover from illness, injury or surgery and prepare them for a safe return to home or to a long-term care facility.

A summary total of all Critical Vendors, the pre-petition debt and a brief description of the goods/services they provide to the Debtor and why it is critical, is as follows:

Vendor	Prepetition Amount Owed	Goods/Service Provided to Debtor and Debtor's Necessity to Continue Working with Vendor
Elam's Consulting & Inspection Services Inc.	\$13,750.00 Exhibit "1"	Elam's Consulting and Inspection Services Inc. is the California State Inspector which must complete the inspection of the Debtor's nurse call system. Elam's Consulting and Inspection Services Inc. pending invoices are for the installation and inspection of the Debtor's new nurse call system. The Elam Consulting and Inspection Services Inc. is requiring to be paid its pre-petition invoices

		in order to continue its services and sign off on the installation and inspection of Debtor's new nurse call system. Failure to obtain the California State Inspector sign off could jeopardize the licensure of the Debtor's facilities.
Nutrition Therapy Essentials	\$5,292.00 Exhibit "2"	Nutrition Therapy Essentials is the exclusive vendor that provides dietician services to the Debtor. Debtor is required by health regulatory mandates to have its residents regularly reviewed by a dietician. Nutrition Therapy Essentials is the only company in the area that can provide dietician services to the Debtor's residents. Nutrition Therapy Essentials has stopped providing post-petition services to the Debtor and has indicated it will not continue providing services to the Debtor until the pre-petition past due invoice(s) are paid.
Providence Rehab Group, Inc.	\$146,235.60 Exhibit "3"	Providence Rehab has an exclusive contract with the Debtor to provide the Debtor's rehab patients physical therapy, occupational therapy and speech therapy services. Providence Rehab must be paid its past-due balance so that it will continue to provide necessary therapy services to the Debtor's patients. The Debtor has already billed Medicare and the various insurance companies for the work performed by Providence Rehab and was paid for Providence Rehab's services. Debtor must pay Providence Rehab its portion of the insurance proceeds the Debtor has already collected to ensure will not be a disruption to Debtor's therapy services provided to its rehab patients.
Interactive Medical Systems Inc.	\$21,918.18 Exhibit "4"	Interactive Medical System is the sole provider of Oxygen tanks to the Debtor. Debtor must have a consistent supply to Oxygen tanks for its residents. Interactive Medical System indicated to the Debtor that it will stop services until the pre-petition invoices are paid in full. Requiring the Debtor to seek a new provider will cause a significant disruption to Debtor's business

		and to healthcare provided to Debtor's patients.
<b>Total</b>	<b>\$187,195.74</b>	

In order to effectively reorganize, Debtor must continue to seek goods and/or services from the Critical Vendors which provide necessary dietician, oxygen tanks, therapy, nurse call and state level inspection services to the Debtor and so the Debtor can continue to provide the superior level of care it gives to its patients and to prevent the disruption of its operations and medical/therapy care to its patients. The Critical Vendors are all reasonably necessary which Debtor incurred during the ordinary course of its business. Debtor has exclusive contracts with several of the Critical Vendors and without payment to the Critical Vendors, Debtor may not be able to quickly engage another comparable vendor which would severely compromise Debtor's entire healthcare business. The Debtor requests authority from this Court to pay the outstanding pre-petition invoices owed to the Critical Vendors, and incorporated herein as **Exhibits "1-4"** to ensure Debtor's continued business operations without any interruption. Payment to the Critical Vendors, as proposed by the Debtor, will allow the Debtor to continue doing business, preserve the Debtor's assets for the benefit of the estate and the creditors. The Debtor has a reasonable prospect of reorganization through Chapter 11. The relief sought herein will ensure no interruption of Debtor's business and will further allow Debtor to emerge as a reorganized Debtor.

The relief sought in the Motion is based upon the Motion, the attached Memorandum of Points and Authorities, declaration of William M. Shields Jr., concurrently with this motion and the Ex Parte Motion for Order Shortening Time. The relief sought in the Motion is also based on the statements, arguments, and representations of counsel to be made at the hearing on the Motion, and any other evidence properly presented to the Court at or prior to the hearing on the Motion.

**FOR THESE REASONS**, the Debtor respectfully requests that the Court enter an order:

1. Granting the Motion;
2. Authorizing the Debtor to pay the Critical Vendors pursuant to pursuant to Sections 105 and 363(b) of the of the United States Code, 11 U.S.C. §§ 101, et seq. (the “Bankruptcy Code”), and Rule 4001(b)(2) of the Federal Rule of Bankruptcy Procedure (the “Bankruptcy Rules”); and
3. Granting such other relief as the Court deems just and proper.

**LAW OFFICES OF MICHAEL JAY BERGER**

**Dated: October 12, 2023**

By: /s/Michael Jay Berger  
Michael Jay Berger  
Proposed Counsel for Debtor-in-Possession  
Shields Nursing Centers, Inc.



1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. INTRODUCTION**

3 Shields Nursing Centers, Inc., the debtor and debtor in possession in the above-  
4 captioned case ("Debtor"), moves, on shortened notice, for an order authorizing, but not  
5 requiring, the Debtor to pay certain Critical Vendors including Elam's Consulting &  
6 Inspection Service Inc., Interactive Medical Systems Inc., Nutrition Therapy Essentials,  
7 and Providence Rehab Group, Inc. (collectively referred to as the "Critical Vendors"),  
8 pursuant to Sections 105(a) and 363(b) of the of the United States Code, 11 U.S.C. §§  
9 101, et seq. (the "Bankruptcy Code"), and Rule 4001(b)(2) of the Federal Rule of  
10 Bankruptcy Procedure (the "Bankruptcy Rules").

11 **II. JURISDICTION AND VENUE**

12 This Court has jurisdiction over the subject matter of this motion (the "Motion")  
13 pursuant to 28 U.S.C. §§ 157 and 1334, the Order Referring Bankruptcy Cases and  
14 Proceedings to Bankruptcy Judges, General Order 24 (N.D. Cal. Feb. 22, 2016), and Rule  
15 5011-1(a) of the Bankruptcy Local Rules for the United States District Court for the  
16 Northern District of California (the "Bankruptcy Local Rules"). Venue is proper in this  
17 Court pursuant to 28 U.S.C. §§ 1408 and 1409. This matter is a core proceeding under 28  
18 U.S.C. § 157(b). The statutory authority for the motion is under 11 USC §§ 105(a) and  
19 363(b). The Debtor consents to the entry by the Court of a final order with respect to this  
20 Motion.  
21

22 **III. INTRODUCTORY STATEMENT**

23 **A. General Background**

24 On September 20, 2023 (the "Petition Date"), the Debtor commenced the Chapter  
25 11 Case by filing a voluntary petition under chapter 11 of the Bankruptcy Code. The  
26 Debtor continues to operate its business and manage its property as a debtor in possession  
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1 pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. No official committee of  
2 unsecured creditors has been appointed in the Case.

3 The Debtor was formed in November 1978 and operates a post-acute skilled  
4 nursing facilities in Richmond, California and El Cerrito, California, and serving the  
5 Contra Costa and surrounding counties. The total capacity for the two facilities combined  
6 is 125 beds, with 94 beds being currently occupied. Both facilities have a five-star rating.  
7 The Debtor services patients with all types of acute diagnosis, including but not limited to  
8 extensive rehabilitation to long-term dementia, and with a specialty in healing difficult  
9 wounds. About 90% percent of Debtor's revenue is generated by Federal and State  
10 contracts (Medicare and Medi-Cal).

11 In the Richmond location, the Debtor has 83 beds, and at present time, 59 beds are  
12 occupied. The El Cerrito location has a capacity of 42 beds and currently 35 beds are  
13 occupied. The employees include physicians, nurses, therapists, psychologists, dietitians,  
14 and social service personnel.

15 The services performed by the employees include administering medications,  
16 helping patients with mobility and transfers, changing wound dressings, communicating  
17 with doctors and other healthcare providers, offering physical, occupational and speech  
18 therapies to improve patients' strength, coordination, balance, and communication  
19 abilities. The social workers employed by the Debtor provide emotional support to  
20 patients and their families, help coordinate post-discharge care, and connect the patients  
21 with community resources. The administrative staff handles scheduling and billing,  
22 maintains medical records, and assists with other logistic tasks. The goal is to help the  
23 patients recover from illness, injury or surgery and prepare them for a safe return to home  
24 or to a long-term care facility.  
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26 ///

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1        B. Debtor's Need for to Pay Critical Vendors and Affected Parties

2        The Debtor has determined that absent the ability to pay the Critical Vendors, it  
3 will be unable to operate its business during the Chapter 11 Case, irreparably harming the  
4 Debtor's estate and creditors. If the Debtor is unable, on a consistent basis, to maintain its  
5 business and provide the medical care services to its patients, the Debtor will not be able  
6 to run its business, will not be able to provide superior healthcare services to its existing  
7 and new patients, and will ultimately be forced to cease operations. This will cause harm  
8 to the Debtor, but also to its patients who need 24/7 health care services which the Debtor  
9 can only provide if its business model is not interrupted. In order to continue the Debtor's  
10 daily operations, the Debtor must pay its Critical Vendors which provide necessary  
11 dietician services, oxygen tanks, physical speech and occupational therapy services, nurse  
12 call and state level inspection services to the Debtor.

13  
14        Furthermore, lack of Debtor's ability to pay its Critical Vendors will harm the  
15 creditors of the estate because the Critical Vendors will cease to provide services to the  
16 Debtor, most of which have exclusive contracts with the Debtor, termination of which  
17 will severely disrupt the Debtor's business operations, thus causing the Debtor's business  
18 operation to cease, resulting in no revenue coming in to support the plan payments to be  
19 proposed through a plan of reorganization. Therefore, the Debtor's continued business  
20 with the Critical Vendors is absolutely necessary to preserve and maximize the value of  
21 its assets for the benefit of all parties in interest. Thus, the Debtor's ability to pay its  
22 Critical Vendors is essential to Debtor's continued ability to operate and provide proper  
23 service to its clients until consummation of a plan.

24        ///

25        ///

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### Critical Vendors

A summary total of all Critical Vendors, the pre-petition debt and a brief description of the goods/services they provide to the Debtor and why it is critical, is as follows:

Vendor	Prepetition Amount Owed	Goods/Service Provided to Debtor and Debtor's Necessity to Continue Working with Vendor
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		patients. The Debtor has already billed Medicare and the various insurance companies for the work performed by Providence Rehab and was paid for Providence Rehab's services. Debtor must pay Providence Rehab its portion of the insurance proceeds the Debtor has already collected to ensure will not be a disruption to Debtor's therapy services provided to its rehab patients.
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<b>Total</b>	<b>\$187,195.74</b>	

(Collectively the "Critical Vendors").

A true and correct copy of all outstanding Critical Vendor invoices are attached to the Declaration of William M. Shields Jr. as Exhibits "1-4."

As indicated above, the Debtor has numerous exclusive contracts. The Debtor has established business relationships with the Critical Vendors and protocols to ensure the Debtor's patients are receiving proper nutritional guidance, physical occupational and speech therapy, and necessary oxygen tanks. Further, The Debtor needs its nurse call system to complete final inspection, failure of which could jeopardize the Debtor's licensing and ability to do business. The Debtor has honed vendor selection and relief on the Critical Vendors for continued post-petition operations. The Critical Vendors provide goods and services that are imperative to the Debtor's ongoing business operations and any disruption of these service, even for a brief period of time, could be disastrous to the Debtor's business and ability to reorganize.



1 Bankr. N.D. Cal., 19-30088, Dkt No. 883 (Final Order. . . Authorizing Debtors to Pay  
2 Prepetition Obligations).

3 **B. Authority To Pay Critical Vendors on Shortened Notice Is Warranted Under**  
4 **11 U.S.C. § 363(b) And Rule 4001(B) To Allow The Debtor To Operate Its**  
5 **Business**

6 The Debtor has requested a hearing on shortened to consider the relief requested in  
7 this Motion. Sections 363(b) and Rule 4001(b)(2) require the Court to schedule a cash  
8 collateral hearing in accordance with the needs of the Debtor and conduct a preliminary  
9 hearing for the purpose of authorizing the use of cash collateral to the extent necessary to  
10 avoid irreparable harm to the Debtor. Section 363(c)(3) mandates that “[a]ny hearing [on  
11 the use of cash collateral] ...shall be scheduled in accordance with the needs of the  
12 debtor”. The Ninth Circuit has recognized that emergency relief is often crucial to the  
13 success of a corporate reorganization:

14  
15 We realize that “in certain circumstances, the entire reorganization  
16 effort may be thwarted if emergency relief is withheld” and that  
17 reorganization under the Bankruptcy Code “is a perilous process, seldom more so  
18 than at the outset of the proceedings when the debtor  
19 is often without sufficient cash flow to fund essential business  
20 operations”. It is for this very reason that Congress specified that  
21 hearings concerning the use of cash collateral “shall be scheduled in  
22 accordance with the needs of the debtor”. 11 U.S.C. § 363(c)(3).

23 *In re Center Wholesale, Inc.*, 759 F.2d 1440, 1449 n. 21 (9th Cir. 1985) (citations  
24 omitted).

25 The Debtor filed its Motion Pursuant to Section 363(b) Of The Bankruptcy Code  
26 And Rule 4001(B) Of The Federal Rules Of Bankruptcy Procedure For Order  
27 Authorizing Use Of Cash Collateral [docket no.: 8] (the “Cash Collateral Motion”) on  
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1 September 21, 2023. The final hearing approving use of cash collateral generated by the  
2 Debtor will take place on October 13, 2023. At the time the Debtor filed the Cash  
3 Collateral Motion, the Debtor did not contemplate needing to file a Critical Vendor  
4 Motion or that the Critical Vendors would refuse to continue to do business with the  
5 Debtor unless their pre-petition claims were paid. As such, Debtor requests that through  
6 this Critical Vendor Motion, the Court allow the Debtor to make the requested payments  
7 to the Critical Vendors, which were not listed within the Debtor's Cash Collateral budget.  
8 As of the filing of this Critical Vendor Motion, the Debtor has approximately \$417,000 in  
9 its receivable account and will be able to make the payments to the Critical Vendors  
10 within a reasonable period of time, while continuing to meet its other post-petition  
11 expenses and obligations.

12 The Debtor submits that it has satisfied the "immediate and irreparable harm"  
13 standard of Bankruptcy Rule 4001. The relief requested in this Motion is necessary to  
14 allow the Debtor to continue functioning, preserve the value of the Debtor's estate,  
15 prevent substantial administrative burden, and to expediently restructure its business  
16 affairs. These benefits will only be realized if the relief requested is granted as soon as  
17 possible. Accordingly, the Debtor requests that the Court approve the relief requested in  
18 this Motion on shortened notice. In an abundance of caution, the Debtor also respectfully  
19 requests that the Court waive the fourteen-day stay imposed by Bankruptcy Rule 6004(h)  
20 to the extent applicable here, as the exigent nature of the relief sought herein justifies  
21 immediate relief.

## 22 V. NOTICE

23 Notice of this Motion, whether by U.S. mail, will be given to the following  
24 parties: (a) the United States Trustee for the Northern District of California; (b) all  
25 secured creditors; (c) the Critical Vendors; (d) the twenty largest unsecured creditors for  
26 the Debtor; (e) the Debtor's identified, interested taxing authorities, including the Internal  
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Revenue Service; and (f) any party that has requested notice pursuant to Bankruptcy Rule 2002. The method of service for each party will be described more fully in the certificate of service prepared by Debtor's counsel.

The Debtor respectfully submits that, under the circumstances, such notice is sufficient, and that no other or further notice of this Motion is required.

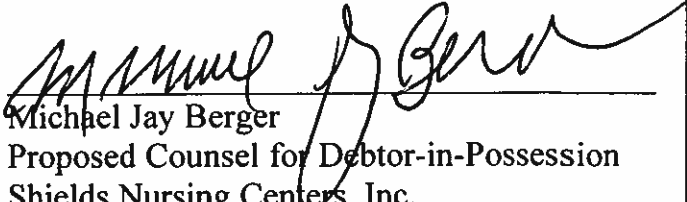
## VI. CONCLUSION

WHEREFORE, the Debtor respectfully requests that this Court enter an order, in the form attached to the Declaration of William M. Shields Jr. as Exhibit "5" authorizing Debtor to pay its Critical Vendors; and granting the Debtor such other and further relief as is just and proper under the circumstances.

LAW OFFICES OF MICHAEL JAY BERGER

Dated: October 12, 2023

By:

  
Michael Jay Berger  
Proposed Counsel for Debtor-in-Possession  
Shields Nursing Centers, Inc.

**DECLARATION OF WILLIAM M. SHIELDS JR.**

I, William M. Shields Jr., declare and state as follows:

1. I am the Chief Executive Officer of Shields Nursing Centers, Inc. (the "Debtor") herein. I have personal knowledge of the facts set forth below and if called to testify as to those facts, I could and would competently do so.

2. Debtor moves, on shortened basis, for an order authorizing but not requiring the Debtor to pay certain Critical Vendors as fully described herein (collectively referred to as the "Critical Vendors").

3. The Debtor commenced its Chapter 11 bankruptcy case on September 20, 2023 (the "Petition Date"). The Debtor has one prior chapter 11 bankruptcy case filed on May 30, 2012 in the Northern District Bankruptcy Court, Case No.: 12-44638, in which case the Debtor was able to confirm a reorganization plan on April 16, 2014.

4. The Debtor was formed in November 1978 and operates a post-acute skilled nursing facilities in Richmond, California and El Cerrito, California, and serving the Contra Costa and surrounding counties. The locations for the nursing facilities are 1919 Cutting Blvd., Richmond, California 94804 ("Richmond") and 3230 Carlson Blvd., El Cerrito, California 94530 ("El Cerrito").

5. The total capacity for the two facilities combined is 125 beds, with 94 beds being currently occupied. Both facilities have a five-star rating. The Debtor services patients with all types of acute diagnosis, including but not limited to extensive rehabilitation to long-term dementia, and with a specialty in healing difficult wounds. About 90% percent of Debtor's revenue is generated by Federal and State contracts (Medicare and Medi-Cal).

6. In the Richmond location, the Debtor has 83 beds, and at present time, 59 beds are occupied. The El Cerrito location has a capacity of 42 beds and currently 35

1 beds are occupied. The employees include physicians, nurses, therapists, psychologists,  
2 dietitians, and social service personnel.

3 7. The services performed by the employees include administering  
4 medications, helping patients with mobility and transfers, changing wound dressings,  
5 communicating with doctors and other healthcare providers, offering physical,  
6 occupational and speech therapies to improve patients' strength, coordination, balance,  
7 and communication abilities. The social workers employed by the Debtor provide  
8 emotional support to patients and their families, help coordinate post-discharge care, and  
9 connect the patients with community resources. The administrative staff handles  
10 scheduling and billing, maintains medical records, and assists with other logistic tasks.  
11 The goal is to help the patients recover from illness, injury or surgery and prepare them  
12 for a safe return to home or to a long-term care facility.

13 8. In order to effectively reorganize, Debtor must continue to seek goods  
14 and/or services from the Critical Vendors which provide necessary dietician, oxygen  
15 tanks, therapy, nurse call and state level inspection services to the Debtor and so the  
16 Debtor can continue to provide the superior level of care it gives to its patients and to  
17 prevent the disruption of its operations and medical/therapy care to its patients. The  
18 Critical Vendors are all reasonable expenses which Debtor incurred during the ordinary  
19 course of its business. Debtor has exclusive contracts with several of the Critical Vendors  
20 and without payment to the Critical Vendors, Debtor may not be able to quickly engage  
21 another comparable vendor which would severely compromise Debtor's entire healthcare  
22 business.

23 9. The Debtor requests authority from this Court to pay the outstanding pre-  
24 petition invoices owed to the Critical Vendors, and incorporated herein as **Exhibits "1-4"**  
25 to ensure Debtor's continued business operations without any interruption. Payment to  
26 the Critical Vendors, as proposed by the Debtor, will allow the Debtor to continue doing  
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28

1 business, preserve the Debtor's assets for the benefit of the estate and the creditors. The  
2 Debtor has a reasonable prospect of reorganization through Chapter 11. The relief sought  
3 herein will ensure no interruption of Debtor's business and will further allow Debtor to  
4 emerge as a reorganized Debtor.

5 10. The Debtor has determined that absent the ability to pay the Critical  
6 Vendors, it will be unable to operate its business during the Chapter 11 Case, irreparably  
7 harming the Debtor's estate and creditors. If the Debtor is unable, on a consistent basis, to  
8 maintain its business and provide the medical care services to its patients, the Debtor will  
9 not be able to run its business, will not be able to provide superior healthcare services to  
10 its existing and new patients, and will ultimately be forced to cease operations. This will  
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12 which the Debtor can only provide if its business model is not interrupted. In order to  
13 continue the Debtor's daily operations, the Debtor must pay its Critical Vendors which  
14 provide necessary dietician services, oxygen tanks, physical speech and occupational  
15 therapy services, nurse call and state level inspection services to the Debtor.

17 11. Furthermore, lack of Debtor's ability to pay its Critical Vendors will harm  
18 the creditors of the estate because the Critical Vendors will cease to provide services to  
19 the Debtor, most of which have exclusive contracts with the Debtor, termination of which  
20 will severely disrupt the Debtor's business operations, thus causing the Debtor's business  
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24 its assets for the benefit of all parties in interest. Thus, the Debtor's ability to pay its  
25 Critical Vendors is essential to Debtor's continued ability to operate and provide proper  
26 service to its clients until consummation of a plan.

12. A summary total of all Critical Vendors, the pre-petition debt and a brief description of the goods/services they provide to the Debtor and why it is critical, is as follows:

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		Medicare and the various insurance companies for the work performed by Providence Rehab and was paid for Providence Rehab's services. Debtor must pay Providence Rehab its portion of the insurance proceeds the Debtor has already collected to ensure will not be a disruption to Debtor's therapy services provided to its rehab patients.
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<b>Total</b>	<b>\$187,195.74</b>	

(Collectively the "Critical Vendors").

13. A true and correct copy of all outstanding Critical Vendor invoices are attached hereto as Exhibits "1-4."

14. As indicated above, the Debtor has numerous exclusive contracts. The Debtor has established business relationships with the Critical Vendors and protocols to ensure the Debtor's patients are receiving proper nutritional guidance, physical occupational and speech therapy, and necessary oxygen tanks. Further, The Debtor needs its nurse call system to complete final inspection, failure of which could jeopardize the Debtor's licensing and ability to do business. The Debtor has honed vendor selection and relief on the Critical Vendors for continued post-petition operations. The Critical Vendors provide goods and services that are imperative to the Debtor's ongoing business operations and any disruption of these service, even for a brief period of time, could be disastrous to the Debtor's business and ability to reorganize.



1           15. By this Motion, the Debtor requests entry of an order pursuant to Sections  
2 and 363(b) the Bankruptcy Code to pay Critical Vendors a total amount of \$187,195.74  
3 to avoid any interruption in the Debtor's ongoing business operations.

4           16. The Debtor filed its Motion Pursuant To Section 363(C) Of The  
5 Bankruptcy Code And Rule 4001(B) Of The Federal Rules Of Bankruptcy Procedure For  
6 Order Authorizing Use Of Cash Collateral [docket no.: 8] (the "Cash Collateral Motion")  
7 on September 21, 2023. The final hearing approving use of cash collateral generated by  
8 the Debtor will take place on October 13, 2023. At the time the Debtor filed the Cash  
9 Collateral Motion, the Debtor did not contemplate needing to file a Critical Vendor  
10 Motion or that the Critical Vendors would refuse to continue to do business with the  
11 Debtor unless their pre-petition claims were paid. As such, Debtor requests that through  
12 this Critical Vendor Motion, the Court allows these one time payments to the Critical  
13 Vendors, which were not listed within the Debtor's Cash Collateral budget. As of the  
14 filing of this Critical Vendor Motion, the Debtor has approximately \$417,000 in its  
15 receivable account and will be able to make the payments to the Critical Vendors within a  
16 reasonable period of time, while continuing to meet its other post-petition expenses and  
17 obligations.

18  
19           17. The Debtor submits that it has satisfied the "immediate and irreparable  
20 harm" standard of Bankruptcy Rule 4001. The relief requested in this Motion is necessary  
21 to allow the Debtor to continue functioning in the short term, preserve the value of the  
22 Debtor's estate, prevent substantial administrative burden and confusion, and to  
23 expediently restructure its business affairs. These benefits will only be realized if the  
24 relief requested is granted as soon as possible. Accordingly, the Debtor requests that the  
25 Court approve the relief requested in this Motion on shortened notice. In an abundance of  
26 caution, the Debtor also respectfully requests that the Court waive the fourteen-day stay  
27  
28

1 imposed by Bankruptcy Rule 6004(h) to the extent applicable here, as the exigent nature  
2 of the relief sought herein justifies immediate relief.

3 I declare under penalty of perjury that the foregoing is true and correct and  
4 that this declaration is executed on October 12<sup>th</sup>, 2023 at HERCULES, California.

5  
6   
7 William M. Shields Jr.

# EXHIBIT 1

Elam's Consulting & Inspection Services Inc.

Summary of Invoices

\$ 1,500.00
\$ 3,375.00
\$ 875.00
\$ 5,125.00
\$ 750.00
\$ 1,000.00
\$ 1,125.00
\$ 13,750.00 Total

**Elam's Consulting & Inspection Services Inc.**  
DAN ELAM, IOR

Attn.: William Shields

**INV. NO. 1**  
**RICHMOND NURSE**  
**CALL**

August 14, 2023

Shield's SNFS  
Project Recharge Work Sheet  
DAN ELAM  
July-23

PA No.	Facility	Project Title	Sat 1	Sun 2	Mon 3	Tue 4	Wed 5	Thu 6	Fri 7	Sat 8	Sun 9	Mon 10	Tue 11	Wed 12	Thu 13	Fri 14	Sat 15	Sun 16	Mon 17	Tue 18	Wed 19	Thu 20	Fri 21	Sat 22	Sun 23	Mon 24	Tue 25	Wed 26	Thu 27	Fri 28	Sat 29	Sun 30	Mon 31	TOTAL
		supplantation																																0
																																		0
																																		0
																																		0
																																		0
		El Cerito Washers																																0
		El Cerito Nurse Call																																0
		Richmone Nurse Call																		4	4						4							12
																																		0
																																		0
																																		0
																																		0
		travel time																																0
		<b>TOTAL:</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4	0	0	0	0	0	0	4	0	0	0	0	0	12

Total Base Rate Amount Due: \$1,500.00  
Total Reimbursable Mileage Due:  
**TOTAL DUE THIS INVOICE: \$1,500.00**

This invoice is due and payable per the contract commencing October 20th 2015.

Signed:

Dan Elam, Owner

Elam's Consulting & Inspection Services Inc.  
164 Robles Dr. #270 Vallejo, CA. 94591  
Ph. (707) 695-2129  
[iordanelam@comcast.net](mailto:iordanelam@comcast.net)

**Elam's Consulting & Inspection Services Inc.**  
DAN ELAM, IOR

Attn.: William Shields

**INV. NO. 2**  
**RICHMOND NURSE**  
**CALL**

September 3, 2023

Shield's SNFS  
Project Recharge Work Sheet  
DAN ELAM  
August-23

PA No.	Facility	Project Title	Tue 1	Wed 2	Thu 3	Fri 4	Sat 5	Sun 6	Mon 7	Tue 8	Wed 9	Thu 10	Fri 11	Sat 12	Sun 13	Mon 14	Tue 15	Wed 16	Thu 17	Fri 18	Sat 19	Sun 20	Mon 21	Tue 22	Wed 23	Thu 24	Fri 25	Sat 26	Sun 27	Mon 28	Tue 29	Wed 30	Thu 31	TOTAL
		supplantation																																0
																																		0
																																		0
																																		0
																																		0
		El Cerrito Washers																																0
		El Cerrito Nurse Call																																0
		Richmond Nurse Call	4		4					1	3					1		4	4	6														27
																																		0
																																		0
																																		0
																																		0
		travel time																																0
		<b>TOTAL:</b>	4	0	4	0	0	0	0	1	3	0	0	0	0	1	0	4	4	6	0	0	0	0	0	0	0	0	0	0	0	0	0	27

\$3,375.00 TOTAL AMOUNT DUE

Total Base Rate Amount Due: \$3,375.00  
Total Reimbursable Mileage Due:  
**TOTAL DUE THIS INVOICE: \$3,375.00**

This invoice is due and payable per the contract commencing October 20th 2015.

Signed:

Dan Elam, Owner

Elam's Consulting & Inspection Services Inc.  
164 Robles Dr. #270 Vallejo, CA. 94591  
Ph. (707) 695-2129  
[iordanelam@comcast.net](mailto:iordanelam@comcast.net)



**Elam's Consulting & Inspection Services Inc.**  
DAN ELAM, IOR

Attn.: William Shields

**INV. NO. 3**  
**RICHMOND NURSE**  
**CALL**

October 3, 2023

Shield's SNFS  
Project Recharge Work Sheet  
DAN ELAM  
September-23

			Fr	Sat	Sun	Mon	Tue	Wed	Thu	Fr	Sat	Sun	Mon	Tue	Wed	Thu	Fr	Sat	Sun	Mon	Tue	Wed	Thu	Fr	Sat	Sun	Mon	Tue	Wed	Thu	Fr	Sat	Sun	TOTAL
PA No.	Facility	Project Title	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		supplantation																																0
																																		0
																																		0
																																		0
		El Cerito Washers																																0
		El Cerito Nurse Call																																0
		Richmore Nurse Call							1											1	1		4											7
																																		0
																																		0
																																		0
		travel time																																0
TOTAL:			0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	4	0	0	0	0	0	0	0	0	0	0	7

**\$875.00** TOTAL AMOUNT DUE

Total Base Rate Amount Due: \$875.00  
Total Reimbursable Mileage Due:  
**TOTAL DUE THIS INVOICE: \$875.00**

This invoice is due and payable per the contract commencing October 20th 2015.

Signed:

Dan Elam, Owner

Elam's Consulting & Inspection Services Inc.  
164 Robles Dr. #270 Vallejo, CA. 94591  
Ph. (707) 695-2129  
[iordanelam@comcast.net](mailto:iordanelam@comcast.net)

**Elam's Consulting & Inspection Services Inc.**  
DAN ELAM, IOR

Attn.: William Shields

**INV. NO. 7 EL  
CERRITO NURSE  
CALL**

July 5, 2023

Shield's SNFS  
Project Recharge Work Sheet  
DAN ELAM  
June-23

PA No.	Facility	Project Title	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	TOTAL
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		supplantation																																0
																																		0
																																		0
																																		0
		El Cerrito Washers																																0
		El Cerrito Nurse Call													4	5	4	4	4		4		4	4					4		4		41	
																																		0
																																		0
																																		0
																																		0
																																		0
		travel time																																0
		TOTAL:	0	0	0	0	0	0	0	0	0	0	0	0	4	5	4	4	4	0	4	0	4	4	0	0	0	0	4	0	4	0	0	41

\$5,125.00 TOTAL AMOUNT DUE

Total Base Rate Amount Due: \$5,125.00  
Total Reimbursable Mileage Due:  
**TOTAL DUE THIS INVOICE: \$5,125.00**

This invoice is due and payable per the contract commencing April 2020.

Signed:

Dan Elam, Owner

Elam's Consulting & Inspection Services Inc.  
164 Robles Dr. #270 Vallejo, CA. 94591  
Ph. (707) 695-2129  
[iordanelam@comcast.net](mailto:iordanelam@comcast.net)

**Elam's Consulting & Inspection Services Inc.**  
DAN ELAM, IOR

Attn.: William Shields

**INV. NO. 8 EL  
CERRITO NURSE  
CALL**

August 14, 2023

Shield's SNFS  
Project Recharge Work Sheet  
DAN ELAM  
July-23

PA No.	Facility	Project Title	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	TOTAL
		supplantation																																0
																																		0
																																		0
																																		0
																																		0
																																		0
		El Cerrito Washers																																0
		El Cerrito Nurse Call																																6
																																		0
		Richmont Nurse Call																																0
																																		0
																																		0
																																		0
																																		0
		travel time																																0
		TOTAL:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6

\$750.00 TOTAL AMOUNT DUE

Total Base Rate Amount Due: \$750.00  
Total Reimbursable Mileage Due:  
**TOTAL DUE THIS INVOICE: \$750.00**

This invoice is due and payable per the contract commencing April 2020.

Signed:

Dan Elam, Owner

Elam's Consulting & Inspection Services Inc.  
164 Robles Dr. #270 Vallejo, CA. 94591  
Ph. (707) 695-2129  
[iordanelam@comcast.net](mailto:iordanelam@comcast.net)

**Elam's Consulting & Inspection Services Inc.**  
DAN ELAM, IOR

Attn.: William Shields

**INV. NO. 9 EL  
CERRITO NURSE  
CALL**

September 3, 2023

Shield's SNFS  
Project Recharge Work Sheet  
DAN ELAM  
August-23

PA No.	Facility	Project Title	Tue 1	Wed 2	Thu 3	Fri 4	Sat 5	Sun 6	Mon 7	Tue 8	Wed 9	Thu 10	Fri 11	Sat 12	Sun 13	Mon 14	Tue 15	Wed 16	Thu 17	Fri 18	Sat 19	Sun 20	Mon 21	Tue 22	Wed 23	Thu 24	Fri 25	Sat 26	Sun 27	Mon 28	Tue 29	Wed 30	Thu 31	TOTAL
		supplantation																																0
																																		0
																																		0
																																		0
																																		0
		El Cerrito Washers																																0
		El Cerrito Nurse Call		1						1	3																							8
																																		0
		Richmone Nurse Call																																0
																																		0
																																		0
																																		0
																																		0
		travel time																																0
		<b>TOTAL:</b>	0	4	0	0	0	0	0	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8

\$1,000.00 TOTAL AMOUNT DUE

Total Base Rate Amount Due: \$1,000.00  
Total Reimbursable Mileage Due:  
**TOTAL DUE THIS INVOICE: \$1,000.00**

This invoice is due and payable per the contract commencing April 2020.

Signed:

Dan Elam, Owner

Elam's Consulting & Inspection Services Inc.  
164 Robles Dr. #270 Vallejo, CA. 94591  
Ph. (707) 695-2129  
[iordanelam@comcast.net](mailto:iordanelam@comcast.net)

**Elam's Consulting & Inspection Services Inc.**  
DAN ELAM, IOR

Attn.: William Shields

**INV. NO. 10 EL  
CERRITO NURSE  
CALL**

October 2, 2023

Shield's SNFS  
Project Recharge Work Sheet  
DAN ELAM  
September-23

PA No.	Facility	Project Title	Fr	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fr	Sat	Sun	Mon	Tue	Wed	Thu	Fr	Sat	Sun	Mon	Tue	Wed	Thu	Fr	Sat	Sun	TOTAL
		supplantation																																0
																																		0
																																		0
																																		0
																																		0
		El Cerrito Washers																																0
		El Cerrito Nurse Call							1											4		4											9	
																																		0
		Richmone Nurse Call																																0
																																		0
																																		0
																																		0
		travel time																																0
		TOTAL:	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	4	0	4	0	0	0	0	0	0	0	0	0	0	9

**\$1,125.00** TOTAL AMOUNT DUE

Total Base Rate Amount Due: \$1,125.00  
Total Reimbursable Mileage Due:  
**TOTAL DUE THIS INVOICE: \$1,125.00**

This invoice is due and payable per the contract commencing April 2020.

Signed:

Dan Elam, Owner

Elam's Consulting & Inspection Services Inc.  
164 Robles Dr. #270 Vallejo, CA. 94591  
Ph. (707) 695-2129  
[iordanelam@comcast.net](mailto:iordanelam@comcast.net)

## EXHIBIT 2



**Nutrition Therapy Essentials**  
**Summary of Invoices**

\$ 1,071.00
\$ 4,221.00
\$ 5,292.00
Total

2350 W Shaw Ave Ste 106  
Fresno, CA 93711 US  
559-451-0460  
Suzanne@Nutritiontherapyessentials.com



Nutrition  
Therapy  
Essentials

**INVOICE # 23763**  
**DATE** 09/01/2023  
**DUE DATE** 10/01/2023  
**TERMS** Net 30

**BILL TO**  
**Arvind Lal**  
Shields Nursing Center  
606 Alfred Nobel Dr  
Hercules, CA 94547

9/4

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

08/03/2023	<b>SNF Consulting</b> Clinical Services	3:00	63.00	189.00
08/10/2023	<b>SNF Consulting</b> Clinical Services	4:00	63.00	252.00
08/17/2023	<b>SNF Consulting</b> Clinical Services	5:00	63.00	315.00
08/31/2023	<b>SNF Consulting</b> Clinical Services	5:00	63.00	315.00

**BALANCE DUE**

**\$1,071.00**

2350 W Shaw Ave Ste 106  
Fresno, CA 93711 US  
559-451-0460  
Suzanne@Nutritiontherapyessentials.com



Nutrition  
Therapy  
Essentials

**INVOICE # 23764**  
**DATE** 09/01/2023  
**DUE DATE** 10/01/2023  
**TERMS** Net 30

**BILL TO**

Shields ~~Richmond~~ Nursing  
Center  
606 Alfred Nobel Dr  
Hercules, CA 94547

9/4  
#1322

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

08/01/2023	<b>SNF Consulting</b> Clinical Services	8:00	63.00	504.00
08/03/2023	<b>SNF Consulting</b> Clinical Services	8:00	63.00	504.00
08/07/2023	<b>SNF Consulting</b> Clinical Services	6:00	63.00	378.00
08/11/2023	<b>SNF Consulting</b> Clinical Services	6:00	63.00	378.00
08/15/2023	<b>SNF Consulting</b> Clinical Services	8:00	63.00	504.00
08/18/2023	<b>SNF Consulting</b> Clinical Services	8:00	63.00	504.00
08/22/2023	<b>SNF Consulting</b> Clinical Services	7:00	63.00	441.00
08/25/2023	<b>SNF Consulting</b> Clinical Services	8:00	63.00	504.00
08/29/2023	<b>SNF Consulting</b> Clinical Services	8:00	63.00	504.00

BALANCE DUE

**\$4,221.00**

## EXHIBIT 3

Providence Rehab Group, Inc.  
Summary of Invoices

\$ 53,919.02
\$ 12,515.00
\$ 61,658.84
\$ 18,142.70
\$ 146,235.56 Total

Providence Rehab Group, Inc.  
P.O. Box 5215  
Novato, CA 94948-5215 US  
+1 4152250126  
providence.kenneth2022@gmail.c  
om

# Invoice 1092



<b>BILL TO</b>	<b>DATE</b>	<b>PLEASE PAY</b>	<b>DUE DATE</b>
Shields Nursing Center, Inc. 1919 Cutting Blvd. Richmond, CA 94804	07/31/2023	\$53,919.02	08/30/2023

DATE	ACTIVITY	AMOUNT
07/01/2023	Medicare Part A Med A Physical Therapy Med A Occupational Therapy 48.27% (\$4,388.03) Med A Physical Therapy 51.73% (\$4,702.57)	9,090.60
07/01/2023	Medicare Part B Medicare Part B Therapy Services Med B Occupational Therapy 10 units (\$248.69) Med B Physical Therapy 9 units (\$235.48)	484.17
07/01/2023	HMO Managed Care HMO Managed Care HMO Occupational Therapy 15,714 minutes (\$19,642.50) HMO Physical Therapy 15,995 minutes (\$19,993.75) HMO Speech Therapy 2,140 minutes (\$2,675.00)	42,311.25
07/31/2023	HMO PDPM - Medicare HMO PDPM - Medicare	2,033.00

SNC Richmond (July 2023)

TOTAL DUE

**\$53,919.02**

THANK YOU.

Providence Rehab Group, Inc.  
P.O. Box 5215  
Novato, CA 94948-5215 US  
+1 4152250126  
providence.kenneth2022@gmail.c  
om

## Invoice 1093



<b>BILL TO</b>	<b>DATE</b>	<b>PLEASE PAY</b>	<b>DUE DATE</b>
Shields Nursing Center Inc. 3230 Carlson Blvd. El Cerrito, CA 94530 United States	08/31/2023	\$12,515.20	09/30/2023

DATE	ACTIVITY	AMOUNT
08/01/2023	Medicare Part A Med A Physical Therapy Med A Occupational Therapy 48.02% (\$1,541.44) Med A Physical Therapy 51.98% (\$1,668.56)	3,210.00
08/01/2023	Medicare Part B Medicare Part B Therapy Services Med B Physical Therapy 9 units (\$264.45)	264.45
08/01/2023	HMO Managed Care HMO Managed Care HMO Occupational Therapy 1,262 minutes (\$1,577.50) HMO Physical Therapy 1,485 minutes (\$1,856.25) HMO Speech Therapy 120 minutes (\$150.00)	3,583.75
08/31/2023	HMO PDPM - Medicare HMO PDPM - Medicare	5,457.00

SNC El Cerrito (August 2023)

<b>TOTAL DUE</b>	<b>\$12,515.20</b>
------------------	--------------------

THANK YOU.



Providence Rehab Group, Inc.  
P.O. Box 5215  
Novato, CA 94948-5215 US  
+1 4152250126  
providence.kenneth2022@gmail.c  
om

## Invoice 1094



<b>BILL TO</b> Shields Nursing Center, Inc. 1919 Cutting Blvd. Richmond, CA 94804	<b>DATE</b> 08/31/2023	<b>PLEASE PAY</b> \$61,658.84	<b>DUE DATE</b> 09/30/2023
--	---------------------------	----------------------------------	-------------------------------

DATE	ACTIVITY	AMOUNT
08/01/2023	<b>Medicare Part A</b> Med A Physical Therapy <b>Med A Occupational Therapy</b> 49.65% (\$6,685.35) <b>Med A Physical Therapy</b> 46.15% (\$6,214.07) <b>Med A Speech Therapy</b> 4.20% (\$565.53)	13,464.95
08/01/2023	<b>Medicare Part B</b> Medicare Part B Therapy Services <b>Med B Occupational Therapy</b> 3 units (\$122.89)	122.89
08/01/2023	<b>HMO Managed Care</b> HMO Managed Care <b>HMO Occupational Therapy</b> 17,446 minutes (\$21,807.50) <b>HMO Physical Therapy</b> 18,320 minutes (\$22,900.00) <b>HMO Speech Therapy</b> 1,150 minutes (\$1,437.50)	46,145.00
08/31/2023	<b>HMO PDPM - Medicare</b> HMO PDPM - Medicare	1,926.00
SNC Richmond (August 2023)		

**TOTAL DUE \$61,658.84**

THANK YOU.

Providence Rehab Group, Inc.  
P.O. Box 5215  
Novato, CA 94948-5215 US  
+1 4152250126  
providence.kenneth2022@gmail.com

## Invoice 1091



**BILL TO**  
Shields Nursing Center Inc.  
3230 Carlson Blvd.  
El Cerrito, CA 94530  
United States

**DATE**  
07/31/2023

**PLEASE PAY**  
\$18,142.70

**DUE DATE**  
08/30/2023

DATE	ACTIVITY	AMOUNT
07/01/2023	Medicare Part A Med A Physical Therapy Med A Occupational Therapy 49.80% (\$1756.79) Med A Physical Therapy 44.29% (\$1,562.42) Med A Speech Therapy 5.91% (\$208.49)	3,527.70
07/01/2023	Medicare Part B Medicare Part B Therapy Services Med B Occupational Therapy 72 units (\$1,752.64) Med B Physical Therapy 85 units (\$1,964.22)	4,365.00
07/01/2023	HMO Managed Care HMO Managed Care HMO Occupational Therapy 1,493 minutes (\$1,866.25) HMO Physical Therapy 1,774 minutes (\$2,217.50) HMO Speech Therapy 225 minutes (\$281.25)	4,365.00
07/31/2023	HMO PDPM - Medicare HMO PDPM - Medicare	5,885.00
SNC El Cerrito (July 2023)		

**TOTAL DUE**

**\$18,142.70**

THANK YOU.

## EXHIBIT 4

Interactive Medical Systems Inc.

Summary of Invoices

\$	95.17
\$	34.64
\$	669.34
\$	210.91
\$	210.91
\$	1,221.51
\$	95.71
\$	43.30
\$	210.91
\$	210.91
\$	113.58
\$	555.76
\$	1,230.17
\$	95.71
\$	95.71
\$	95.71
\$	30.31
\$	631.48
\$	210.91
\$	337.07
\$	243.36
\$	1,740.26
\$	87.87
\$	111.39
\$	51.96
\$	113.58
\$	631.48
\$	210.91
\$	1,207.19
\$	134.91
\$	227.32
\$	265.02
\$	538.32
\$	1,165.57
\$	119.23
\$	241.43
\$	240.31
\$	142.75

\$ 154.30
\$ 259.40
\$ 497.60
\$ 1,655.02
\$ 80.03
\$ 142.75
\$ 244.64
\$ 225.75
\$ 497.60
\$ 1,190.77
\$ 17.13
\$ 127.07
\$ 133.28
\$ 127.07
\$ 189.79
\$ 174.11
\$ 205.67
\$ 75.72
\$ 499.03
\$ 1,548.87
\$ 21,918.18 Total



**FACSIMILE**

**Date:** 6/1/2023  
**To:** SHIELDS EL CERRITO  
  
**Attn:** Business Office Manager (A / P) 3230 Carlson Blvd  
El Cerrito, CA 94530  
Phone: 510-525-3212  
Fax: 510-525-6832  
  
**From:** Interactive Medical Systems  
Billing Department  
Phone: 888-877-0209 x200  
Fax: 888-877-0212 / 310-227-8229  
  
**Regarding** Oxygen Invoices for May

---

**Please call our customer service representative, Lynette Powell with any questions that you may have this month. She can be reached at the number listed above at extension 200, or write your discrepancy on the invoice and fax back to us at 888-877-0212.**

**Thank you for doing business with us!**

**Lynette Powell**

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received this fax in error and/or are not the intended recipient, please call us immediately at (714) 894-5029 ext. 200 to receive instruction regarding the destruction or return of this sensitive information.



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
5/24/2023	18313	00887858

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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El Cerrito, CA 94530

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El Cerrito, CA 94530

ORDER NUMBER		PURCHASE ORDER NUMBER		SLS TER		SHIP VIA		TERMS		INITIALS		PAGE	
				LTC	IMS	OCA							1
SHIPPING ORDER NUMBER    DATE		ITEM			QTY SHIP'D	DESCRIPTION			UNIT PRICE	AMOUNT			
906835	5/23/2023	XXX CONT-EZOX SERIAL: RENTAL:			10	EZOX GAS CONTENT 5/23/2023 TO 5/23/2023			\$7.84	\$78.40			
906835	5/23/2023	XXX DEL-ND SERIAL: RENTAL:			1	DELIVERY/PICKUP FEE - STANDARD 5/23/2023 TO 5/23/2023			\$17.31	\$17.31			
SUBTOTAL									\$ 95.71				
ADJUSTMENT									\$ 0.00				
TAX AMOUNT									\$ 0.00				
									AMOUNT THIS INVOICE INCLUDING TAX		\$95.71		





# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
5/31/2023	18313	00889028

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
908014	5/1/2023	XXX CYL-EZOX SERIAL: RENTAL:	8	EZOX CYLINDER RENTAL 5/1/2023 TO 5/1/2023	\$4.33	\$34.64	
SUBTOTAL						\$ 34.64	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$34.64	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
5/31/2023	18313	00889333

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**SOLD TO**  
SHIELDS EL CERRITO  
3230 Carlson Blvd  
El Cerrito, CA 94530

**SHIP TO**  
Shields El Cerrito,  
Shields El Cerrito  
3230 Carlson Blvd  
El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
908548	5/31/2023	RNT HOLDER-E SERIAL:IM01093B RENTAL:IM01093B	1	RENT E CYLINDER HOLDER FOR W/C 5/1/2023 TO 5/31/2023	\$5.41	\$5.41	
908548	5/31/2023	RNT RACK-E-12 SERIAL:IMS00840 RENTAL:IMS00840	1	RENT E CYLINDER RACK 12 COUNT 5/1/2023 TO 5/31/2023	\$15.00	\$15.00	
908548	5/31/2023	RNT CON-5 SERIAL:07IF021524 RENTAL:IMS02722	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023	\$37.86	\$37.86	*
908548	5/31/2023	RNT CON-5 SERIAL:04H766310 RENTAL:IMS03278	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023	\$37.86	\$37.86	*
908548	5/31/2023	RNT REG-H SERIAL:IMS03330 RENTAL:IMS03330	1	RENT H CYLINDER REGULATOR 5/1/2023 TO 5/31/2023	\$5.41	\$5.41	
908548	5/31/2023	RNT REG-H SERIAL:492628 RENTAL:IMS03344	1	RENT H CYLINDER REGULATOR 5/1/2023 TO 5/31/2023	\$5.41	\$5.41	
908548	5/31/2023	RNT CART-E SERIAL:JY0350014 RENTAL:IMS04470	1	RENT E CYLINDER CART 5/1/2023 TO 5/31/2023	\$4.62	\$4.62	
908548	5/31/2023	RNT CON-5 SERIAL:05C626671 RENTAL:IMS05056	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023	\$37.86	\$37.86	*
908548	5/31/2023	RNT CART-H SERIAL:IMS06602 RENTAL:IMS06602	1	RENT H CYLINDER CART-WHEELED 5/1/2023 TO 5/31/2023	\$9.73	\$9.73	
908548	5/31/2023	RNT RACK-E-06 SERIAL:IMS07730 RENTAL:IMS07730	1	RENT E CYLINDER RACK 06 COUNT 5/1/2023 TO 5/31/2023	\$11.00	\$11.00	
908548	5/31/2023	RNT CON-5 SERIAL:07CSZ416246 RENTAL:IMS08191	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023	\$37.86	\$37.86	*
908548	5/31/2023	RNT HOLDER-E SERIAL:IMS08207 RENTAL:IMS08207	1	RENT E CYLINDER HOLDER FOR W/C 5/1/2023 TO 5/31/2023	\$5.41	\$5.41	
908548	5/31/2023	RNT HOLDER-E SERIAL:IMS11434 RENTAL:IMS11434	1	RENT E CYLINDER HOLDER FOR W/C 5/1/2023 TO 5/31/2023	\$5.41	\$5.41	
908548	5/31/2023	RNT RACK-E-06 SERIAL:IMS23739 RENTAL:IMS23739	1	RENT E CYLINDER RACK 06 COUNT 5/1/2023 TO 5/31/2023	\$11.00	\$11.00	
908548	5/31/2023	RNT CON-5 SERIAL:16BF008900 RENTAL:IMS25595	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023	\$37.86	\$37.86	*
SUBTOTAL							
ADJUSTMENT							
TAX AMOUNT							
AMOUNT THIS INVOICE INCLUDING TAX							Next Page



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
5/31/2023	18313	00889333

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER	LOC	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	0JB	0CA				2
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPPED	DESCRIPTION	UNIT PRICE	AMOUNT		
908548	5/31/2023	RNT CON-5 SERIAL:17CF031765 RENTAL:IMS27459	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023 <i>Prunk</i>	\$37.86	\$37.86		EP
908548	5/31/2023	RNT CON-10 SERIAL:17CF037991 RENTAL:IMS27624	1	RENT CONCENTRATOR 10LPM 5/1/2023 TO 5/31/2023 <i>Boyd</i>	\$77.15	\$77.15		BT
908548	5/31/2023	RNT CON-5 SERIAL:17IF031489 RENTAL:IMS28545	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023 <i>Forsberg</i>	\$37.86	\$37.86		W/C
908548	5/31/2023	RNT CON-5 SERIAL:17KF021669 RENTAL:IMS28878	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023 <i>Chilman</i>	\$37.86	\$37.86		CM
908548	5/31/2023	RNT BIPAP SERIAL:5252836 RENTAL:IMS34540	1	RENT BIPAP 5/1/2023 TO 5/31/2023 <i>Madhuk</i>	\$210.91	\$210.91		AE-M DC
SUBTOTAL						\$ 669.34		
ADJUSTMENT						\$ 0.00		
TAX AMOUNT						\$ 0.00		
AMOUNT THIS INVOICE INCLUDING TAX						\$669.34		



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
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DATE	ACCT. NO	INVOICE NUMBER
5/31/2023	42767	00889875

PLEASE MAKE CHECKS PAYABLE TO  
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INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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3230 Carlson Blvd  
El Cerrito, CA 94530

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ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA			2
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
909090	5/31/2023	RNT BIPAP SERIAL:23192858696 RENTAL:IMS34679	1	RENT BIPAP 5/1/2023 TO 5/31/2023	\$210.91	\$210.91	
SUBTOTAL						\$ 210.91	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$210.91	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
5/31/2023	44849	00890377

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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Shields El Cerrito  
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El Cerrito, CA 94530

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ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA			2
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT	
909592	5/31/2023	RNT BIPAP SERIAL:J317465211337 RENTAL:IMS35540	1	RENT BIPAP 5/1/2023 TO 5/31/2023	\$210.91	\$210.91	
SUBTOTAL						\$ 210.91	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$210.91	



# MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

## SHIELDS EL CERRITO

Dear Sir / Madam,

This summary report contains charges for the current month for the patients listed below:

Inv Date	Invoice #	Patient	Item	DOS	Amount
<b>SHIELDS EL CERRITO</b>					
5/24/2023	00887858	Shields El Cerrito,	EZOX GAS CONTENT	5/23/2023	\$ 78.40
5/24/2023	00887858	Shields El Cerrito,	DELIVERY/PICKUP FEE - STAND	5/23/2023	\$ 17.31
5/31/2023	00889028	Shields El Cerrito,	EZOX CYLINDER RENTAL	5/1/2023	\$ 34.64
5/31/2023	00889333	Shields El Cerrito,	RENT E CYLINDER HOLDER FOR W	5/1/2023	\$ 5.41
5/31/2023	00889333	Shields El Cerrito,	RENT E CYLINDER RACK 12 COUN	5/1/2023	\$ 15.00
5/31/2023	00889333	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889333	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889333	Shields El Cerrito,	RENT H CYLINDER REGULATOR	5/1/2023	\$ 5.41
5/31/2023	00889333	Shields El Cerrito,	RENT H CYLINDER REGULATOR	5/1/2023	\$ 5.41
5/31/2023	00889333	Shields El Cerrito,	RENT E CYLINDER CART	5/1/2023	\$ 4.62
5/31/2023	00889333	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889333	Shields El Cerrito,	RENT H CYLINDER CART-WHEELED	5/1/2023	\$ 9.73
5/31/2023	00889333	Shields El Cerrito,	RENT E CYLINDER RACK 06 COUN	5/1/2023	\$ 11.00
5/31/2023	00889333	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889333	Shields El Cerrito,	RENT E CYLINDER HOLDER FOR W	5/1/2023	\$ 5.41
5/31/2023	00889333	Shields El Cerrito,	RENT E CYLINDER HOLDER FOR W	5/1/2023	\$ 5.41
5/31/2023	00889333	Shields El Cerrito,	RENT E CYLINDER RACK 06 COUN	5/1/2023	\$ 11.00
5/31/2023	00889333	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889333	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889333	Shields El Cerrito,	RENT CONCENTRATOR 10LPM	5/1/2023	\$ 77.15
5/31/2023	00889333	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889333	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889333	Shields El Cerrito,	RENT BIPAP	5/1/2023	\$ 210.91
5/31/2023	00889875	WOODS, ROBBIE	RENT BIPAP	5/1/2023	\$ 210.91
5/31/2023	00890377	GARIBAY, PHILLIP	RENT BIPAP	5/1/2023	\$ 210.91
<b>Total:</b>					<b>\$1,221.51</b>

Thanking you in advance for your prompt payment.

Sincerely,  
Billing Department  
Interactive Medical Systems, Inc.

6/1/2023

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received



## FACSIMILE

**Date:** 7/2/2023  
**To:** SHIELDS EL CERRITO  
  
**Attn:** Business Office Manager (A / P) 3230 Carlson Blvd  
El Cerrito, CA 94530  
Phone: 510-525-3212  
Fax: 510-525-6832  
  
**From:** Interactive Medical Systems  
Billing Department  
Phone: 888-877-0209 x200  
Fax: 888-877-0212 / 310-227-8229  
  
**Regarding** Oxygen Invoices for June

---

Please call our customer service representative, Lynette Powell with any questions that you may have this month. She can be reached at the number listed above at extension 200, or write your discrepancy on the invoice and fax back to us at 888-877-0212.

Thank you for doing business with us!

**Lynette Powell**

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received this fax in error and/or are not the intended recipient, please call us immediately at (714) 894-5029 ext. 200 to receive instruction regarding the destruction or return of this sensitive information.





# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/22/2023	18313	00893057

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER		SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA				1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT		
912100	6/22/2023	XXX CONT-EZOX SERIAL: RENTAL:	10	EZOX GAS CONTENT 6/22/2023 TO 6/22/2023	\$7.84	\$78.40		
912100	6/22/2023	XXX DEL-ND SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - STANDARD 6/22/2023 TO 6/22/2023	\$17.31	\$17.31		
SUBTOTAL						\$ 95.71		
ADJUSTMENT						\$ 0.00		
TAX AMOUNT						\$ 0.00		
AMOUNT THIS INVOICE INCLUDING TAX						\$95.71		





# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/30/2023	18313	00894329

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**S** SHIELDS EL CERRITO  
**O** 3230 Carlson Blvd  
**L** El Cerrito, CA 94530  
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**S** Shields El Cerrito,  
**H** Shields El Cerrito  
**I** 3230 Carlson Blvd  
**P** El Cerrito, CA 94530  
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ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT	
913430	6/1/2023	XXX CYL-EZOX SERIAL: RENTAL:	10	EZOX CYLINDER RENTAL 6/1/2023 TO 6/1/2023	\$4.33	\$43.30	
SUBTOTAL						\$ 43.30	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						<b>\$43.30</b>	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
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CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/30/2023	42767	00895181

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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Shields El Cerrito  
3230 Carlson Blvd  
El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER		SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA				2
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT		
914544	6/30/2023	RNT BIPAP SERIAL:23192858696 RENTAL:IMS34679	1	RENT BIPAP 6/1/2023 TO 6/30/2023	\$210.91	\$210.91		
SUBTOTAL						\$ 210.91		
ADJUSTMENT						\$ 0.00		
TAX AMOUNT						\$ 0.00		
AMOUNT THIS INVOICE INCLUDING TAX						\$210.91		



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/22/2023	44849	00893038

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
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ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	0JB	0CA			2
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT	
912068	6/20/2023	RNT BIPAP SERIAL J317465211337 RENTAL:IMS35540	1	RENT BIPAP 6/1/2023 TO 6/20/2023	\$210.91	\$210.91	
SUBTOTAL						\$ 210.91	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$210.91	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/22/2023	18313	00892963

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
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El Cerrito, CA 94530

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El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER		SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA				1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT		
911682	6/20/2023	RNT CON-5 SERIAL:04H766310 RENTAL:IMS03278	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/20/2023 <i>Conc 10/23</i>	\$37.86	\$37.86		
911682	6/20/2023	RNT CON-5 SERIAL:16BF008900 RENTAL:IMS25595	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/20/2023 <i>✓ Thomas</i>	\$37.86	\$37.86		
911682	6/20/2023	RNT CON-5 SERIAL:07CSZ416246 RENTAL:IMS08191	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/20/2023 <i>Shields</i>	\$37.86	\$37.86		
SUBTOTAL						\$ 113.58		
ADJUSTMENT						\$ 0.00		
TAX AMOUNT						\$ 0.00		
AMOUNT THIS INVOICE INCLUDING TAX						\$113.58		



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/30/2023	18313	00894660

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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3230 Carlson Blvd  
El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
914023	6/30/2023	RNT HOLDER-E SERIAL:IM01093B RENTAL:IM01093B	1	RENT E CYLINDER HOLDER FOR W/C 6/1/2023 TO 6/30/2023	\$5.41	\$5.41	
914023	6/30/2023	RNT RACK-E-12 SERIAL:IMS00840 RENTAL:IMS00840	1	RENT E CYLINDER RACK 12 COUNT 6/1/2023 TO 6/30/2023	\$15.00	\$15.00	
914023	6/30/2023	RNT CON-5 SERIAL:07IF021524 RENTAL:IMS02722	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/30/2023	\$37.86	\$37.86	
914023	6/30/2023	RNT REG-H SERIAL:IMS03330 RENTAL:IMS03330	1	RENT H CYLINDER REGULATOR 6/1/2023 TO 6/30/2023	\$5.41	\$5.41	
914023	6/30/2023	RNT REG-H SERIAL:492628 RENTAL:IMS03344	1	RENT H CYLINDER REGULATOR 6/1/2023 TO 6/30/2023	\$5.41	\$5.41	
914023	6/30/2023	RNT CART-E SERIAL:JY0350014 RENTAL:IMS04470	1	RENT E CYLINDER CART 6/1/2023 TO 6/30/2023	\$4.62	\$4.62	
914023	6/30/2023	RNT CON-5 SERIAL:05C626671 RENTAL:IMS05056	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/30/2023	\$37.86	\$37.86	ALL
914023	6/30/2023	RNT CART-H SERIAL:IMS06602 RENTAL:IMS06602	1	RENT H CYLINDER CART-WHEELED 6/1/2023 TO 6/30/2023	\$9.73	\$9.73	
914023	6/30/2023	RNT RACK-E-06 SERIAL:IMS07730 RENTAL:IMS07730	1	RENT E CYLINDER RACK 06 COUNT 6/1/2023 TO 6/30/2023	\$11.00	\$11.00	
914023	6/30/2023	RNT HOLDER-E SERIAL:IMS08207 RENTAL:IMS08207	1	RENT E CYLINDER HOLDER FOR W/C 6/1/2023 TO 6/30/2023	\$5.41	\$5.41	
914023	6/30/2023	RNT HOLDER-E SERIAL:IMS11434 RENTAL:IMS11434	1	RENT E CYLINDER HOLDER FOR W/C 6/1/2023 TO 6/30/2023	\$5.41	\$5.41	
914023	6/30/2023	RNT RACK-E-06 SERIAL:IMS23739 RENTAL:IMS23739	1	RENT E CYLINDER RACK 06 COUNT 6/1/2023 TO 6/30/2023	\$11.00	\$11.00	
914023	6/30/2023	RNT CON-5 SERIAL:17CF031765 RENTAL:IMS27459	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/30/2023	\$37.86	\$37.86	ABM
914023	6/30/2023	RNT CON-10 SERIAL:17CF037991 RENTAL:IMS27624	1	RENT CONCENTRATOR 10LPM 6/1/2023 TO 6/30/2023	\$77.15	\$77.15	BTJ
914023	6/30/2023	RNT CON-5 SERIAL:17IF031489 RENTAL:IMS28545	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/30/2023	\$37.86	\$37.86	ABM
SUBTOTAL							
ADJUSTMENT							
TAX AMOUNT							
AMOUNT THIS INVOICE INCLUDING TAX							Next Page



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/30/2023	18313	00894 660

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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3230 Carlson Blvd  
El Cerrito, CA 94530

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3230 Carlson Blvd  
El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER	LOC	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA				2
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT		
914023	6/30/2023	RNT CON-5 SERIAL:17KF021669 RENTAL:IMS28878	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/30/2023	\$37.86	\$37.86		
914023	6/30/2023	RNT BIPAP SERIAL:5252836 RENTAL:IMS34540	1	RENT BIPAP 6/1/2023 TO 6/30/2023	\$210.91	\$210.91		
SUBTOTAL						\$ 555.76		
ADJUSTMENT						\$ 0.00		
TAX AMOUNT						\$ 0.00		
AMOUNT THIS INVOICE INCLUDING TAX						\$555.76		

3 BIPAP  
7 Concentrator



# MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

## SHIELDS EL CERRITO

Dear Sir / Madam,

This summary report contains charges for the current month for the patients listed below:

Inv Date	Invoice #	Patient	Item	DOS	Amount
<b>SHIELDS EL CERRITO</b>					
6/22/2023	00892963	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/22/2023	00892963	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/22/2023	00892963	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/22/2023	00893038	GARIBAY, PHILLIP	RENT BIPAP	6/1/2023	\$ 210.91
6/22/2023	00893057	Shields El Cerrito,	EZOX GAS CONTENT	6/22/2023	\$ 78.40
6/22/2023	00893057	Shields El Cerrito,	DELIVERY/PICKUP FEE - STAND	6/22/2023	\$ 17.31
6/30/2023	00894329	Shields El Cerrito,	EZOX CYLINDER RENTAL	6/1/2023	\$ 43.30
6/30/2023	00894660	Shields El Cerrito,	RENT E CYLINDER HOLDER FOR W	6/1/2023	\$ 5.41
6/30/2023	00894660	Shields El Cerrito,	RENT E CYLINDER RACK 12 COUN	6/1/2023	\$ 15.00
6/30/2023	00894660	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/30/2023	00894660	Shields El Cerrito,	RENT H CYLINDER REGULATOR	6/1/2023	\$ 5.41
6/30/2023	00894660	Shields El Cerrito,	RENT H CYLINDER REGULATOR	6/1/2023	\$ 5.41
6/30/2023	00894660	Shields El Cerrito,	RENT E CYLINDER CART	6/1/2023	\$ 4.62
6/30/2023	00894660	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/30/2023	00894660	Shields El Cerrito,	RENT H CYLINDER CART-WHEELED	6/1/2023	\$ 9.73
6/30/2023	00894660	Shields El Cerrito,	RENT E CYLINDER RACK 06 COUN	6/1/2023	\$ 11.00
6/30/2023	00894660	Shields El Cerrito,	RENT E CYLINDER HOLDER FOR W	6/1/2023	\$ 5.41
6/30/2023	00894660	Shields El Cerrito,	RENT E CYLINDER HOLDER FOR W	6/1/2023	\$ 5.41
6/30/2023	00894660	Shields El Cerrito,	RENT E CYLINDER RACK 06 COUN	6/1/2023	\$ 11.00
6/30/2023	00894660	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/30/2023	00894660	Shields El Cerrito,	RENT CONCENTRATOR 10LPM	6/1/2023	\$ 77.15
6/30/2023	00894660	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/30/2023	00894660	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/30/2023	00894660	Shields El Cerrito,	RENT BIPAP	6/1/2023	\$ 210.91
6/30/2023	00895181	WOODS, ROBBIE	RENT BIPAP	6/1/2023	\$ 210.91
<b>Total:</b>					<b>\$1,230.17</b>

Thanking you in advance for your prompt payment.

Sincerely,  
Billing Department  
Interactive Medical Systems, Inc.

7/2/2023

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received



**FACSIMILE**

**Date:** 8/1/2023  
**To:** SHIELDS EL CERRITO  
  
**Attn:** Business Office Manager (A / P) 3230 Carlson Blvd  
El Cerrito, CA 94530  
Phone: 510-525-3212  
Fax: 510-525-6832  
  
**From:** Interactive Medical Systems  
Billing Department  
Phone: 888-877-0209 x200  
Fax: 888-877-0212 / 310-227-8229  
  
**Regarding** Oxygen Invoices for July

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**Please call our customer service representative, Lynette Powell with any questions that you may have this month. She can be reached at the number listed above at extension 200, or write your discrepancy on the invoice and fax back to us at 888-877-0212.**

**Thank you for doing business with us!**

**Lynette Powell**

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received this fax in error and/or are not the intended recipient, please call us immediately at (714) 894-5029 ext. 200 to receive instruction regarding the destruction or return of this sensitive information.





# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
7/5/2023	18313	00896570

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**S** **SHIELDS EL CERRITO**  
**O** **3230 Carlson Blvd**  
**L** **El Cerrito, CA 94530**  
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**S** **Shields El Cerrito,**  
**H** **Shields El Cerrito**  
**I** **3230 Carlson Blvd**  
**P** **El Cerrito, CA 94530**  
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ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
915616	7/5/2023	XXX CONT-EZOX SERIAL: RENTAL:	10	EZOX GAS CONTENT 7/5/2023 TO 7/5/2023	\$7.84	\$78.40	
915616	7/5/2023	XXX DEL-ND SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - STANDARD 7/5/2023 TO 7/5/2023	\$17.31	\$17.31	
SUBTOTAL						\$ 95.71	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$95.71	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
7/24/2023	18313	00898461

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**S** ☐ **SHIELDS EL CERRITO**  
**O** 3230 Carlson Blvd  
**L** El Cerrito, CA 94530  
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**S** ☐ Shields El Cerrito,  
**H** Shields El Cerrito  
**I** 3230 Carlson Blvd  
**P** El Cerrito, CA 94530  
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ORDER NUMBER		PURCHASE ORDER NUMBER		SLS TER		SHIP VIA		TERMS		INITIALS		PAGE
				LTC	IMS	OCA						1
SHIPPING ORDER		ITEM		QTY	DESCRIPTION				UNIT PRICE	AMOUNT		
NUMBER	DATE			SHIPD								
917617	7/20/2023	XXX CONT-EZOX SERIAL: RENTAL:		10	EZOX GAS CONTENT 7/20/2023 TO 7/20/2023				\$7.84	\$78.40		
917617	7/20/2023	XXX DEL-ND SERIAL: RENTAL:		1	DELIVERY/PICKUP FEE - STANDARD 7/20/2023 TO 7/20/2023				\$17.31	\$17.31		
SUBTOTAL									\$ 95.71			
ADJUSTMENT									\$ 0.00			
TAX AMOUNT									\$ 0.00			
AMOUNT THIS INVOICE INCLUDING TAX									\$95.71			



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
7/26/2023	18313	00898818

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**S** ☐ **SHIELDS EL CERRITO**  
**O** 3230 Carlson Blvd  
**L** El Cerrito, CA 94530  
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**S** ☐ **Shields El Cerrito,**  
**H** Shields El Cerrito  
**I** 3230 Carlson Blvd  
**P** El Cerrito, CA 94530  
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ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
917951	7/24/2023	XXX CONT-EZOX SERIAL: RENTAL:	10	EZOX GAS CONTENT 7/24/2023 TO 7/24/2023	\$7.84	\$78.40	
917951	7/24/2023	XXX DEL-ND SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - STANDARD 7/24/2023 TO 7/24/2023	\$17.31	\$17.31	
SUBTOTAL						\$ 95.71	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$95.71	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
7/28/2023	18313	00899239

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT	
918437	7/1/2023	XXX CYL-EZOX SERIAL: RENTAL:	7	EZOX CYLINDER RENTAL 7/1/2023 TO 7/1/2023	\$4.33	\$30.31	
SUBTOTAL						\$ 30.31	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$30.31	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT NO	INVOICE NUMBER
7/31/2023	18313	00899958

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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3230 Carlson Blvd  
El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA			1

SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT
919282	7/31/2023	RNT HOLDER-E SERIAL:IM01093B RENTAL:IM01093B	1	RENT E CYLINDER HOLDER FOR W/C 7/1/2023 TO 7/31/2023	\$5.41	\$5.41
919282	7/31/2023	RNT RACK-E-12 SERIAL:IMS00840 RENTAL:IMS00840	1	RENT E CYLINDER RACK 12 COUNT 7/1/2023 TO 7/31/2023	\$15.00	\$15.00
919282	7/31/2023	RNT CON-5 SERIAL:07IF021524 RENTAL:IMS02722	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
919282	7/31/2023	RNT CON-5 SERIAL:04H766305 RENTAL:IMS03277	1	RENT CONCENTRATOR 5LPM 7/20/2023 TO 7/31/2023	\$37.86	\$37.86
919282	7/31/2023	RNT REG-H SERIAL:IMS03330 RENTAL:IMS03330	1	RENT H CYLINDER REGULATOR 7/1/2023 TO 7/31/2023	\$5.41	\$5.41
919282	7/31/2023	RNT REG-H SERIAL:492628 RENTAL:IMS03344	1	RENT H CYLINDER REGULATOR 7/1/2023 TO 7/31/2023	\$5.41	\$5.41
919282	7/31/2023	RNT CART-E SERIAL:JY0350014 RENTAL:IMS04470	1	RENT E CYLINDER CART 7/1/2023 TO 7/31/2023	\$4.62	\$4.62
919282	7/31/2023	RNT CON-5 SERIAL:05C626671 RENTAL:IMS05056	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
919282	7/31/2023	RNT CART-H SERIAL:IMS06602 RENTAL:IMS06602	1	RENT H CYLINDER CART-WHEELED 7/1/2023 TO 7/31/2023	\$9.73	\$9.73
919282	7/31/2023	RNT CON-5 SERIAL:05ESZ331448 RENTAL:IMS07366	1	RENT CONCENTRATOR 5LPM 7/20/2023 TO 7/31/2023	\$37.86	\$37.86
919282	7/31/2023	RNT RACK-E-06 SERIAL:IMS07730 RENTAL:IMS07730	1	RENT E CYLINDER RACK 06 COUNT 7/1/2023 TO 7/31/2023	\$11.00	\$11.00
919282	7/31/2023	RNT HOLDER-E SERIAL:IMS08207 RENTAL:IMS08207	1	RENT E CYLINDER HOLDER FOR W/C 7/1/2023 TO 7/31/2023	\$5.41	\$5.41
919282	7/31/2023	RNT HOLDER-E SERIAL:IMS11434 RENTAL:IMS11434	1	RENT E CYLINDER HOLDER FOR W/C 7/1/2023 TO 7/31/2023	\$5.41	\$5.41
919282	7/31/2023	RNT RACK-E-06 SERIAL:IMS23739 RENTAL:IMS23739	1	RENT E CYLINDER RACK 06 COUNT 7/1/2023 TO 7/31/2023	\$11.00	\$11.00
919282	7/31/2023	RNT CON-5 SERIAL:17CF031765 RENTAL:IMS27459	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
SUBTOTAL						
ADJUSTMENT						
TAX AMOUNT						
AMOUNT THIS INVOICE INCLUDING TAX						

Next Page



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
7/31/2023	18313	00899958

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

**SOLD TO**  
SHIELDS EL CERRITO  
3230 Carlson Blvd  
El Cerrito, CA 94530

**SHIP TO**  
Shields El Cerrito,  
Shields El Cerrito  
3230 Carlson Blvd  
El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER	LOC	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	QJB	OCA				2

SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT
919282	7/31/2023	RNT CON-10 SERIAL:17CF037991 RENTAL:IMS27624	1	RENT CONCENTRATOR 10LPM 7/1/2023 TO 7/31/2023 <i>Boyd</i>	\$77.15	\$77.15
919282	7/31/2023	RNT CON-5 SERIAL:17IF031489 RENTAL:IMS28545	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023 <i>Boyd</i>	\$37.86	\$37.86
919282	7/31/2023	RNT CON-5 SERIAL:17KF021669 RENTAL:IMS28878	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023 <i>Boyd</i>	\$37.86	\$37.86
919282	7/31/2023	RNT BIPAP SERIAL:5252836 RENTAL:IMS34540	1	RENT BIPAP 7/1/2023 TO 7/31/2023 <i>Boyd</i>	\$210.91	\$210.91
SUBTOTAL						\$ 631.48
ADJUSTMENT						\$ 0.00
TAX AMOUNT						\$ 0.00
AMOUNT THIS INVOICE INCLUDING TAX						<b>\$631.48</b>

*8 Concentrators*  
*3 BIPAP*



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT NO	INVOICE NUMBER
7/31/2023	42767	00900469

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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SHIELDS EL CERRITO  
3230 Carlson Blvd  
El Cerrito, CA 94530

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WOODS, ROBBIE  
Shields El Cerrito  
3230 Carlson Blvd  
El Cerrito, CA 94530

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ORDER NUMBER		PURCHASE ORDER NUMBER		SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
				LTC	OJB	OCA			2
SHIPPING ORDER NUMBER		DATE		ITEM		QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT
919793	7/31/2023	RNT BIPAP SERIAL:23192858696 RENTAL:IMS34679		1	RENT BIPAP 7/1/2023 TO 7/31/2023			\$210.91	\$210.91





# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
7/28/2023	45645	00899084

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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El Cerrito, CA 94530

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ALLEN, AUDREY  
Shields El Cerrito  
3230 Carlson Blvd  
El Cerrito, CA 94530

CCM

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			2
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT	
917208	7/19/2023	RSP 1090406 SERIAL: RENTAL:	1	AMARA GEL FULL FACE MASK WITH 7/19/2023 TO 7/19/2023	\$274.00	\$274.00	
917208	7/19/2023	AGI HCG72 SERIAL: RENTAL:	1	72" CPAP/BIPAP TUBING RESUABLE 7/19/2023 TO 7/19/2023	\$30.00	\$30.00	
917208	7/19/2023	RSP 312710 SERIAL: RENTAL:	1	OXY ENRICHMENT ATTACHMENT 7/19/2023 TO 7/19/2023	\$4.00	\$4.00	
917208	7/19/2023	MCK 32647 SERIAL: RENTAL:	1	TUBING OXYGEN CRUSH RES 7" 7/19/2023 TO 7/19/2023	\$0.53	\$0.53	
SUBTOTAL						\$ 308.53	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 28.54	
AMOUNT THIS INVOICE INCLUDING TAX						\$337.07	





# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
7/31/2023	45645	00901251

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

SOLD TO  
SHIELDS EL CERRITO  
3230 Carlson Blvd  
El Cerrito, CA 94530

SHIP TO  
ALLEN, AUDREY  
Shields El Cerrito  
3230 Carlson Blvd  
El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			2
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPPED	DESCRIPTION	UNIT PRICE	AMOUNT	
920575	7/31/2023	RNT BIPAP-ST SERIAL: J325344048464 RENTAL: IMS35769	1	RENT BIPAP ST 7/19/2023 TO 7/31/2023	\$243.36	\$243.36	
SUBTOTAL						\$ 243.36	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$243.36	



# MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

## SHIELDS EL CERRITO

Dear Sir / Madam,

This summary report contains charges for the current month for the patients listed below:

Inv Date	Invoice #	Patient	Item	DOS	Amount
<b>SHIELDS EL CERRITO</b>					
7/5/2023	00896570	Shields El Cerrito,	EZOX GAS CONTENT	7/5/2023	\$ 78.40
7/5/2023	00896570	Shields El Cerrito,	DELIVERY/PICKUP FEE - STAND	7/5/2023	\$ 17.31
7/24/2023	00898461	Shields El Cerrito,	EZOX GAS CONTENT	7/20/2023	\$ 78.40
7/24/2023	00898461	Shields El Cerrito,	DELIVERY/PICKUP FEE - STAND	7/20/2023	\$ 17.31
7/26/2023	00898818	Shields El Cerrito,	EZOX GAS CONTENT	7/24/2023	\$ 78.40
7/26/2023	00898818	Shields El Cerrito,	DELIVERY/PICKUP FEE - STAND	7/24/2023	\$ 17.31
7/28/2023	00899084	ALLEN, AUDREY	AMARA GEL FULL FACE MASK WIT	7/19/2023	\$ 299.35
7/28/2023	00899084	ALLEN, AUDREY	72" CPAP/BIPAP TUBING RESUAB	7/19/2023	\$ 32.78
7/28/2023	00899084	ALLEN, AUDREY	OXY ENRICHMENT ATTACHMENT	7/19/2023	\$ 4.37
7/28/2023	00899084	ALLEN, AUDREY	TUBING OXYGEN CRUSH RES 7"	7/19/2023	\$ 0.58
7/28/2023	00899239	Shields El Cerrito,	EZOX CYLINDER RENTAL	7/1/2023	\$ 30.31
7/31/2023	00899958	Shields El Cerrito,	RENT E CYLINDER HOLDER FOR W	7/1/2023	\$ 5.41
7/31/2023	00899958	Shields El Cerrito,	RENT E CYLINDER RACK 12 COUN	7/1/2023	\$ 15.00
7/31/2023	00899958	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899958	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	7/20/2023	\$ 37.86
7/31/2023	00899958	Shields El Cerrito,	RENT H CYLINDER REGULATOR	7/1/2023	\$ 5.41
7/31/2023	00899958	Shields El Cerrito,	RENT H CYLINDER REGULATOR	7/1/2023	\$ 5.41
7/31/2023	00899958	Shields El Cerrito,	RENT E CYLINDER CART	7/1/2023	\$ 4.62
7/31/2023	00899958	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899958	Shields El Cerrito,	RENT H CYLINDER CART-WHEELED	7/1/2023	\$ 9.73
7/31/2023	00899958	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	7/20/2023	\$ 37.86
7/31/2023	00899958	Shields El Cerrito,	RENT E CYLINDER RACK 06 COUN	7/1/2023	\$ 11.00
7/31/2023	00899958	Shields El Cerrito,	RENT E CYLINDER HOLDER FOR W	7/1/2023	\$ 5.41
7/31/2023	00899958	Shields El Cerrito,	RENT E CYLINDER HOLDER FOR W	7/1/2023	\$ 5.41
7/31/2023	00899958	Shields El Cerrito,	RENT E CYLINDER RACK 06 COUN	7/1/2023	\$ 11.00
7/31/2023	00899958	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86

CONTINUED ON NEXT PAGE

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received



## MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

### SHIELDS EL CERRITO

CONTINUED FROM PREVIOUS PAGE

Inv Date	Invoice #	Patient	Item	DOS	Amount
7/31/2023	00899958	Shields El Cerrito,	RENT CONCENTRATOR 10LPM	7/1/2023	\$ 77.15
7/31/2023	00899958	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899958	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899958	Shields El Cerrito,	RENT BIPAP	7/1/2023	\$ 210.91
7/31/2023	00900469	WOODS, ROBBIE	RENT BIPAP	7/1/2023	\$ 210.91
7/31/2023	00901251	ALLEN, AUDREY	RENT BIPAP ST	7/19/2023	\$ 243.36

Total: \$1,740.26

Thanking you in advance for your prompt payment.

Sincerely,  
Billing Department  
Interactive Medical Systems, Inc.

8/1/2023

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after



**FACSIMILE**

**Date:** 9/1/2023  
**To:** SHIELDS EL CERRITO  
  
**Attn:** Business Office Manager (A / P) 3230 Carlson Blvd  
El Cerrito, CA 94530  
Phone: 510-525-3212  
Fax: 510-525-6832  
  
**From:** Interactive Medical Systems  
Billing Department  
Phone: 888-877-0209 x200  
Fax: 888-877-0212 / 310-227-8229  
  
**Regarding** Oxygen Invoices for August

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**Please call our customer service representative, Lynette Powell with any questions that you may have this month. She can be reached at the number listed above at extension 200, or write your discrepancy on the invoice and fax back to us at 888-877-0212.**

**Thank you for doing business with us!**

**Lynette Powell**

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received this fax in error and/or are not the intended recipient, please call us immediately at (714) 894-5029 ext. 200 to receive instruction regarding the destruction or return of this sensitive information.



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/15/2023	18313	00902900

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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SHIELDS EL CERRITO  
3230 Carlson Blvd  
El Cerrito, CA 94530

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Shields El Cerrito,  
Shields El Cerrito  
3230 Carlson Blvd  
El Cerrito, CA 94530

ORDER NUMBER		PURCHASE ORDER NUMBER		SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
				LTC	IMS	OCA			1
SHIPPING ORDER NUMBER    DATE		ITEM	QTY SHIPD	DESCRIPTION			UNIT PRICE	AMOUNT	
922104	8/14/2023	XXX CONT-EZOX SERIAL: RENTAL:	9	EZOX GAS CONTENT 8/14/2023 TO 8/14/2023			\$7.84	\$70.56	
922104	8/14/2023	XXX DEL-ND SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - STANDARD 8/14/2023 TO 8/14/2023			\$17.31	\$17.31	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/30/2023	18313	00904882

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**S** SHIELDS EL CERRITO  
**O** 3230 Carlson Blvd  
**L** El Cerrito, CA 94530  
**D**  
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**O**

**S** Shields El Cerrito,  
**H** Shields El Cerrito  
**I** 3230 Carlson Blvd  
**P** El Cerrito, CA 94530  
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ORDER NUMBER		PURCHASE ORDER NUMBER		SLS	TER	SHIP VIA	TERMS		INITIALS	PAGE
				LTC	IMS	DCA				1
SHIPPING ORDER NUMBER		DATE		ITEM		QTY SHIPD	DESCRIPTION		UNIT PRICE	AMOUNT
924142	8/30/2023	XXX CONT-EZOX SERIAL: RENTAL:		12	EZOX GAS CONTENT 8/30/2023 TO 8/30/2023			\$7.84	\$94.08	
924142	8/30/2023	XXX DEL-ND SERIAL: RENTAL:		1	DELIVERY/PICKUP FEE - STANDARD 8/30/2023 TO 8/30/2023			\$17.31	\$17.31	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/31/2023	18313	00905405

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**S** ☐ **SHIELDS EL CERRITO**  
**O** 3230 Carlson Blvd  
**L** El Cerrito, CA 94530  
**D**  
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**S** ☐ Shields El Cerrito,  
**H** Shields El Cerrito  
**I** 3230 Carlson Blvd  
**P** El Cerrito, CA 94530  
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ORDER NUMBER		PURCHASE ORDER NUMBER		SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
				LTC	IMS	OCA			1
SHIPPING ORDER NUMBER    DATE		ITEM	QTY SHIP'D	DESCRIPTION			UNIT PRICE	AMOUNT	
924700	8/1/2023	XXX CYL-EZOX SERIAL:    RENTAL:	12	EZOX CYLINDER RENTAL 8/1/2023 TO 8/1/2023			\$4.33	\$51.96	
SUBTOTAL							\$ 51.96		
ADJUSTMENT							\$ 0.00		
TAX AMOUNT							\$ 0.00		
AMOUNT THIS INVOICE INCLUDING TAX							\$51.96		





# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/31/2023	18313	00905621

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**S** ☐ **SHIELDS EL CERRITO**  
**O** 3230 Carlson Blvd  
**L** El Cerrito, CA 94530  
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**S** ☐ **Shields El Cerrito,**  
**H** Shields El Cerrito  
**I** 3230 Carlson Blvd  
**P** El Cerrito, CA 94530  
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ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA			1

SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT
925113	8/31/2023	RNT HOLDER-E SERIAL:IM01093B RENTAL:IM01093B	1	RENT E CYLINDER HOLDER FOR W/C 8/1/2023 TO 8/31/2023	\$5.41	\$5.41
925113	8/31/2023	RNT RACK-E-12 SERIAL:IMS00840 RENTAL:IMS00840	1	RENT E CYLINDER RACK 12 COUNT 8/1/2023 TO 8/31/2023	\$15.00	\$15.00
925113	8/31/2023	RNT CON-5 SERIAL:07IF021524 RENTAL:IMS02722	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023	\$37.86	\$37.86
925113	8/31/2023	RNT CON-5 SERIAL:04H766305 RENTAL:IMS03277	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023	\$37.86	\$37.86
925113	8/31/2023	RNT REG-H SERIAL:IMS03330 RENTAL:IMS03330	1	RENT H CYLINDER REGULATOR 8/1/2023 TO 8/31/2023	\$5.41	\$5.41
925113	8/31/2023	RNT REG-H SERIAL:492628 RENTAL:IMS03344	1	RENT H CYLINDER REGULATOR 8/1/2023 TO 8/31/2023	\$5.41	\$5.41
925113	8/31/2023	RNT CART-E SERIAL:JY0350014 RENTAL:IMS04470	1	RENT E CYLINDER CART 8/1/2023 TO 8/31/2023	\$4.62	\$4.62
925113	8/31/2023	RNT CON-5 SERIAL:05C626871 RENTAL:IMS05056	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023	\$37.86	\$37.86
925113	8/31/2023	RNT CART-H SERIAL:IMS06602 RENTAL:IMS06602	1	RENT H CYLINDER CART-WHEELED 8/1/2023 TO 8/31/2023	\$9.73	\$9.73
925113	8/31/2023	RNT CON-5 SERIAL:05ESZ331448 RENTAL:IMS07366	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023	\$37.86	\$37.86
925113	8/31/2023	RNT RACK-E-06 SERIAL:IMS07730 RENTAL:IMS07730	1	RENT E CYLINDER RACK 06 COUNT 8/1/2023 TO 8/31/2023	\$11.00	\$11.00
925113	8/31/2023	RNT HOLDER-E SERIAL:IMS08207 RENTAL:IMS08207	1	RENT E CYLINDER HOLDER FOR W/C 8/1/2023 TO 8/31/2023	\$5.41	\$5.41
925113	8/31/2023	RNT HOLDER-E SERIAL:IMS11434 RENTAL:IMS11434	1	RENT E CYLINDER HOLDER FOR W/C 8/1/2023 TO 8/31/2023	\$5.41	\$5.41
925113	8/31/2023	RNT RACK-E-06 SERIAL:IMS23739 RENTAL:IMS23739	1	RENT E CYLINDER RACK 06 COUNT 8/1/2023 TO 8/31/2023	\$11.00	\$11.00
925113	8/31/2023	RNT CON-5 SERIAL:17CF031765 RENTAL:IMS27459	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023	\$37.86	\$37.86
SUBTOTAL						
ADJUSTMENT						
TAX AMOUNT						
AMOUNT THIS INVOICE INCLUDING TAX						<b>Next Page</b>





# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/31/2023	18313	00907271

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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SHIELDS EL CERRITO  
3230 Carlson Blvd  
El Cerrito, CA 94530

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Shields El Cerrito  
3230 Carlson Blvd  
El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			2

SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT
926447	8/31/2023	RNT CON-5 SERIAL:04D341236 RENTAL:IMS02977 N	1	RENT CONCENTRATOR 5LPM 8/29/2023 TO 8/31/2023 <i>Seggie</i>	\$37.86	\$37.86 <i>huc</i>
926447	8/31/2023	RNT CON-5 SERIAL:08BF020565 RENTAL:IMS09494 N	1	RENT CONCENTRATOR 5LPM 8/29/2023 TO 8/31/2023 <i>Hines</i>	\$37.86	\$37.86 <i>BCM</i>
926447	8/31/2023	RNT CON-5 SERIAL:16HF033257 RENTAL:IMS26744 N	1	RENT CONCENTRATOR 5LPM 8/29/2023 TO 8/31/2023 <i>Hilland</i>	\$37.86	\$37.86 <i>N</i>
SUBTOTAL						\$ 113.58
ADJUSTMENT						\$ 0.00
TAX AMOUNT						\$ 0.00
AMOUNT THIS INVOICE INCLUDING TAX						<b>\$113.58</b>



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/31/2023	18313	00905621

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

**SOLD TO**  
SHIELDS EL CERRITO  
3230 Carlson Blvd  
El Cerrito, CA 94530

**SHIP TO**  
Shields El Cerrito,  
Shields El Cerrito  
3230 Carlson Blvd  
El Cerrito, CA 94530

ORDER NUMBER	PURCHASE ORDER NUMBER	LOC	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA				2

SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT
925113	8/31/2023	RNT CON-10 SERIAL:17CF037991 RENTAL:IMS27624	1	RENT CONCENTRATOR 10LPM 8/1/2023 TO 8/31/2023 <i>Boyd</i>	\$77.15	\$77.15 <i>CCM</i>
925113	8/31/2023	RNT CON-5 SERIAL:17IF031489 RENTAL:IMS28545	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023 <i>Davis</i>	\$37.86	\$37.86 <i>CCM</i>
925113	8/31/2023	RNT CON-5 SERIAL:17KF021669 RENTAL:IMS28878	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023 <i>Cliffon</i>	\$37.86	\$37.86 <i>CCM</i>
925113	8/31/2023	RNT BIPAP SERIAL:5252836 RENTAL:IMS34540	1	RENT BIPAP 8/1/2023 TO 8/31/2023 <i>Mondloch</i>	\$210.91	\$210.91 <i>EC-SAC</i>
SUBTOTAL					\$ 631.48	
ADJUSTMENT					\$ 0.00	
TAX AMOUNT					\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX					\$631.48	

11 concentrators  
2 Bipap



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/31/2023	42767	00906114

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**S** SHIELDS EL CERRITO  
**O** 3230 Carlson Blvd  
**L** El Cerrito, CA 94530  
**D**  
**T**  
**O**

**S** WOODS, ROBBIE  
**H** Shields El Cerrito  
**I** 3230 Carlson Blvd  
**P** El Cerrito, CA 94530  
**T**  
**O**

ORDER NUMBER		PURCHASE ORDER NUMBER		SLS	TER	SHIP V/A	TERMS	INITIALS	PAGE
				LTC	OJB	OCA			2
SHIPPING ORDER		ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT			
NUMBER	DATE								
925606	8/31/2023	RNT BIPAP SERIAL:23192858696 RENTAL:IMS34679	1	RENT BIPAP 8/1/2023 TO 8/31/2023	\$210.91	\$210.91			
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# MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

## SHIELDS EL CERRITO

Dear Sir / Madam,

This summary report contains charges for the current month for the patients listed below:

Inv Date	Invoice #	Patient	Item	DOS	Amount
<b>SHIELDS EL CERRITO</b>					
8/15/2023	00902900	Shields El Cerrito,	EZOX GAS CONTENT	8/14/2023	\$ 70.56
8/15/2023	00902900	Shields El Cerrito,	DELIVERY/PICKUP FEE - STAND	8/14/2023	\$ 17.31
8/30/2023	00904882	Shields El Cerrito,	EZOX GAS CONTENT	8/30/2023	\$ 94.08
8/30/2023	00904882	Shields El Cerrito,	DELIVERY/PICKUP FEE - STAND	8/30/2023	\$ 17.31
8/31/2023	00905405	Shields El Cerrito,	EZOX CYLINDER RENTAL	8/1/2023	\$ 51.96
8/31/2023	00905621	Shields El Cerrito,	RENT E CYLINDER HOLDER FOR W	8/1/2023	\$ 5.41
8/31/2023	00905621	Shields El Cerrito,	RENT E CYLINDER RACK 12 COUN	8/1/2023	\$ 15.00
8/31/2023	00905621	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/31/2023	00905621	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/31/2023	00905621	Shields El Cerrito,	RENT H CYLINDER REGULATOR	8/1/2023	\$ 5.41
8/31/2023	00905621	Shields El Cerrito,	RENT H CYLINDER REGULATOR	8/1/2023	\$ 5.41
8/31/2023	00905621	Shields El Cerrito,	RENT E CYLINDER CART	8/1/2023	\$ 4.62
8/31/2023	00905621	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/31/2023	00905621	Shields El Cerrito,	RENT H CYLINDER CART-WHEELED	8/1/2023	\$ 9.73
8/31/2023	00905621	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/31/2023	00905621	Shields El Cerrito,	RENT E CYLINDER RACK 06 COUN	8/1/2023	\$ 11.00
8/31/2023	00905621	Shields El Cerrito,	RENT E CYLINDER HOLDER FOR W	8/1/2023	\$ 5.41
8/31/2023	00905621	Shields El Cerrito,	RENT E CYLINDER HOLDER FOR W	8/1/2023	\$ 5.41
8/31/2023	00905621	Shields El Cerrito,	RENT E CYLINDER RACK 06 COUN	8/1/2023	\$ 11.00
8/31/2023	00905621	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/31/2023	00905621	Shields El Cerrito,	RENT CONCENTRATOR 10LPM	8/1/2023	\$ 77.15
8/31/2023	00905621	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/31/2023	00905621	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/31/2023	00905621	Shields El Cerrito,	RENT BIPAP	8/1/2023	\$ 210.91
8/31/2023	00906114	WOODS, ROBBIE	RENT BIPAP	8/1/2023	\$ 210.91
8/31/2023	00907271	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	8/29/2023	\$ 37.86

CONTINUED ON NEXT PAGE

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received



# MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

## SHIELDS EL CERRITO

CONTINUED FROM PREVIOUS PAGE

Inv Date	Invoice #	Patient	Item	DOS	Amount
8/31/2023	00907271	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	8/29/2023	\$ 37.86
8/31/2023	00907271	Shields El Cerrito,	RENT CONCENTRATOR 5LPM	8/29/2023	\$ 37.86
Total:					\$1,207.19

Thanking you in advance for your prompt payment.

Sincerely,  
Billing Department  
Interactive Medical Systems, Inc.

9/1/2023

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstance that do not require patient authorization. You, the recipient, are obligated to



**FACSIMILE**

**Date:** 6/1/2023  
**To:** SHIELDS RICHMOND  
  
**Attn:** Business Office Manager (A / P) 1919 Cutting Blvd  
Richmond, CA 94804  
Phone: 510-233-8513  
Fax: 510-236-7589  
  
**From:** Interactive Medical Systems  
Billing Department  
Phone: 888-877-0209 x200  
Fax: 888-877-0212 / 310-227-8229  
  
**Regarding** Oxygen Invoices for May

---

Please call our customer service representative, Lynette Powell with any questions that you may have this month. She can be reached at the number listed above at extension 200, or write your discrepancy on the invoice and fax back to us at 888-877-0212.

**Thank you for doing business with us!**

**Lynette Powell**

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received this fax in error and/or are not the intended recipient, please call us immediately at (714) 894-5029 ext. 200 to receive instruction regarding the destruction or return of this sensitive information.



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
5/18/2023	18312	00887249

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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SHIELDS RICHMOND  
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Richmond, CA 94804

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Shields Richmond  
1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
906216	5/17/2023	XXX CONT-EZOX SERIAL: RENTAL:	15	EZOX GAS CONTENT 5/17/2023 TO 5/17/2023	\$7.84	\$117.60	
906216	5/17/2023	XXX DEL-ND SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - STANDARD 5/17/2023 TO 5/17/2023	\$17.31	\$17.31	
SUBTOTAL						\$ 134.91	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$134.91	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
5/31/2023	18312	00889029

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**S** **SHIELDS RICHMOND**  
**O** **1919 Cutting Blvd**  
**L** **Richmond, CA 94804**  
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**S** **Shields Richmond,**  
**H** **Shields Richmond**  
**I** **1919 Cutting Blvd**  
**P** **Richmond, CA 94804**  
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ORDER NUMBER		PURCHASE ORDER NUMBER		SLS	TER	SHIP VIA		TERMS		INITIALS	PAGE
				LTC	IMS	OCA					1
SHIPPING ORDER NUMBER    DATE		ITEM		QTY SHIP'D	DESCRIPTION				UNIT PRICE	AMOUNT	
908015	5/1/2023	XXX CYL-EZOX SERIAL:    RENTAL:		50	EZOX CYLINDER RENTAL 5/1/2023 TO 5/1/2023				\$4.33	\$216.50	
908015	5/1/2023	XXX CYL-H SERIAL:    RENTAL:		2	H CYLINDER RENTAL 5/1/2023 TO 5/1/2023				\$5.41	\$10.82	
SUBTOTAL									\$ 227.32		
ADJUSTMENT									\$ 0.00		
TAX AMOUNT									\$ 0.00		
AMOUNT THIS INVOICE INCLUDING TAX									\$227.32		





# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
5/30/2023	18312	00888354

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
906515	5/26/2023	RNT CON-5 SERIAL:17BF021217 RENTAL:IMS27057	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/26/2023 ✓ <i>Shu</i>	\$37.86	\$37.86	<i>KT</i>
906515	5/26/2023	RNT CON-5 SERIAL:04I931573 RENTAL:IMS03962	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/26/2023 ✓ <i>Green</i>	\$37.86	\$37.86	<i>A</i>
906515	5/26/2023	RNT CON-5 SERIAL:02K189482 RENTAL:IMS00606	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/26/2023 ✓ <i>Rizzen</i>	\$37.86	\$37.86	<i>KT</i>
906515	5/26/2023	RNT CON-5 SERIAL:17BF021223 RENTAL:IMS27065	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/26/2023 ✓ <i>Ward</i>	\$37.86	\$37.86	<i>KT</i>
906515	5/26/2023	RNT CON-5 SERIAL:17HF011791 RENTAL:IMS28317	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/26/2023 ✓ <i>Dominic</i>	\$37.86	\$37.86	<i>KT</i>
906515	5/26/2023	RNT CON-5 SERIAL:19DF007997 RENTAL:IMS32755	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/26/2023 ✓ <i>Randle</i>	\$37.86	\$37.86	<i>KT</i>
906515	5/26/2023	RNT CON-5 SERIAL:16BF008888 RENTAL:IMS24967	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/26/2023 ✓ <i>Bullock</i>	\$37.86	\$37.86	<i>KT</i>
SUBTOTAL						\$ 265.02	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$265.02	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
5/31/2023	18312	00889332

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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Shields Richmond  
1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
908547	5/31/2023	RNT HOLDER-E SERIAL:IM00475B RENTAL:IM00475B	1	RENT E CYLINDER HOLDER FOR W/C 5/1/2023 TO 5/31/2023	\$5.41	\$5.41	
908547	5/31/2023	RNT HOLDER-E SERIAL:IM00479B RENTAL:IM00479B	1	RENT E CYLINDER HOLDER FOR W/C 5/1/2023 TO 5/31/2023	\$5.41	\$5.41	
908547	5/31/2023	RNT HOLDER-E SERIAL:IM00485B RENTAL:IM00485B	1	RENT E CYLINDER HOLDER FOR W/C 5/1/2023 TO 5/31/2023	\$5.41	\$5.41	
908547	5/31/2023	RNT CON-5 SERIAL:04F536678 RENTAL:IMS03009	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023	\$37.86	\$37.86	BP
908547	5/31/2023	RNT CON-5 SERIAL:04D341238 RENTAL:IMS03372	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023	\$37.86	\$37.86	BP
908547	5/31/2023	RNT CON-5 SERIAL:04G727956 RENTAL:IMS03474	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023	\$37.86	\$37.86	BP
908547	5/31/2023	RNT CON-5 SERIAL:04I933237 RENTAL:IMS03978	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023	\$37.86	\$37.86	BP
908547	5/31/2023	RNT COMP SERIAL:0050603 RENTAL:IMS06311	1	RENT COMPRESSOR 50PSI 5/1/2023 TO 5/31/2023	\$37.86	\$37.86	BP
908547	5/31/2023	RNT CON-5 SERIAL:07BSZ410935 RENTAL:IMS08916	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023	\$37.86	\$37.86	BP
908547	5/31/2023	RNT CON-5 SERIAL:09LSZ621159 RENTAL:IMS16042	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023	\$37.86	\$37.86	BP
908547	5/31/2023	RNT COMP SERIAL:00004148 RENTAL:IMS18306	1	RENT COMPRESSOR 50PSI 5/1/2023 TO 5/31/2023	\$37.86	\$37.86	BP
908547	5/31/2023	RNT HOLDER-E SERIAL:IMS21277 RENTAL:IMS21277	1	RENT E CYLINDER HOLDER FOR W/C 5/1/2023 TO 5/31/2023	\$5.41	\$5.41	
908547	5/31/2023	RNT CON-10 SERIAL:16KF012872 RENTAL:IMS26634	1	RENT CONCENTRATOR 10LPM 5/1/2023 TO 5/31/2023	\$77.15	\$77.15	A
908547	5/31/2023	RNT CON-10 SERIAL:17CF037987 RENTAL:IMS27627	1	RENT CONCENTRATOR 10LPM 5/1/2023 TO 5/31/2023	\$77.15	\$77.15	U
908547	5/31/2023	RNT HOLDER-E SERIAL:IMS30036 RENTAL:IMS30036	1	RENT E CYLINDER HOLDER FOR W/C 5/1/2023 TO 5/31/2023	\$5.41	\$5.41	
SUBTOTAL							
ADJUSTMENT							
TAX AMOUNT							
AMOUNT THIS INVOICE INCLUDING TAX							Next Page



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
5/31/2023	18312	00889332

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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SHIELDS RICHMOND  
1919 Cutting Blvd  
Richmond, CA 94804

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Shields Richmond,  
Shields Richmond  
1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	LOC	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA				2
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPP'D	DESCRIPTION	UNIT PRICE	AMOUNT		
908547	5/31/2023	RNT HOLDER-E SERIAL:IMS30041 RENTAL:IMS30041	1	RENT E CYLINDER HOLDER FOR W/C 5/1/2023 TO 5/31/2023	\$5.41	\$5.41		
908547	5/31/2023	RNT HOLDER-E SERIAL:IMS30044 RENTAL:IMS30044	1	RENT E CYLINDER HOLDER FOR W/C 5/1/2023 TO 5/31/2023	\$5.41	\$5.41		
908547	5/31/2023	RNT HOLDER-E SERIAL:IMS30049 RENTAL:IMS30049	1	RENT E CYLINDER HOLDER FOR W/C 5/1/2023 TO 5/31/2023	\$5.41	\$5.41		
908547	5/31/2023	RNT CON-5 SERIAL:20BF015339 RENTAL:IMS33277	1	RENT CONCENTRATOR 5LPM 5/1/2023 TO 5/31/2023	\$37.86	\$37.86		
SUBTOTAL						\$ 538.32		
ADJUSTMENT						\$ 0.00		
TAX AMOUNT						\$ 0.00		
AMOUNT THIS INVOICE INCLUDING TAX						\$538.32		

16 Concentrator  
2 Compensator



# MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

## SHIELDS RICHMOND

Dear Sir / Madam,

This summary report contains charges for the current month for the patients listed below:

Inv Date	Invoice #	Patient	Item	DOS	Amount
<b>SHIELDS RICHMOND</b>					
5/18/2023	00887249	Shields Richmond,	EZOX GAS CONTENT	5/17/2023	\$ 117.60
5/18/2023	00887249	Shields Richmond,	DELIVERY/PICKUP FEE - STAND	5/17/2023	\$ 17.31
5/30/2023	00888354	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/30/2023	00888354	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/30/2023	00888354	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/30/2023	00888354	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/30/2023	00888354	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/30/2023	00888354	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/30/2023	00888354	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889029	Shields Richmond,	EZOX CYLINDER RENTAL	5/1/2023	\$ 216.50
5/31/2023	00889029	Shields Richmond,	H CYLINDER RENTAL	5/1/2023	\$ 10.82
5/31/2023	00889332	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	5/1/2023	\$ 5.41
5/31/2023	00889332	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	5/1/2023	\$ 5.41
5/31/2023	00889332	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	5/1/2023	\$ 5.41
5/31/2023	00889332	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889332	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889332	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889332	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889332	Shields Richmond,	RENT COMPRESSOR 50PSI	5/1/2023	\$ 37.86
5/31/2023	00889332	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889332	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
5/31/2023	00889332	Shields Richmond,	RENT COMPRESSOR 50PSI	5/1/2023	\$ 37.86
5/31/2023	00889332	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	5/1/2023	\$ 5.41
5/31/2023	00889332	Shields Richmond,	RENT CONCENTRATOR 10LPM	5/1/2023	\$ 77.15
5/31/2023	00889332	Shields Richmond,	RENT CONCENTRATOR 10LPM	5/1/2023	\$ 77.15
5/31/2023	00889332	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	5/1/2023	\$ 5.41

CONTINUED ON NEXT PAGE

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## MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

### SHIELDS RICHMOND

CONTINUED FROM PREVIOUS PAGE

Inv Date	Invoice #	Patient	Item	DOS	Amount
5/31/2023	00889332	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	5/1/2023	\$ 5.41
5/31/2023	00889332	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	5/1/2023	\$ 5.41
5/31/2023	00889332	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	5/1/2023	\$ 5.41
5/31/2023	00889332	Shields Richmond,	RENT CONCENTRATOR 5LPM	5/1/2023	\$ 37.86
Total:					\$1,165.57

Thanking you in advance for your prompt payment.

Sincerely,  
Billing Department  
Interactive Medical Systems, Inc.

6/1/2023

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to



## FACSIMILE

**Date:** 7/2/2023  
**To:** SHIELDS RICHMOND  
  
**Attn:** Business Office Manager (A / P) 1919 Cutting Blvd  
Richmond, CA 94804  
Phone: 510-233-8513  
Fax: 510-236-7589  
  
**From:** Interactive Medical Systems  
Billing Department  
Phone: 888-877-0209 x200  
Fax: 888-877-0212 / 310-227-8229  
  
**Regarding** Oxygen Invoices for June

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**Please call our customer service representative, Lynette Powell with any questions that you may have this month. She can be reached at the number listed above at extension 200, or write your discrepancy on the invoice and fax back to us at 888-877-0212.**

**Thank you for doing business with us!**

**Lynette Powell**

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received this fax in error and/or are not the intended recipient, please call us immediately at (714) 894-5029 ext. 200 to receive instruction regarding the destruction or return of this sensitive information.







# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/20/2023	18312	00892703

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

**SOLD TO** ☐ **SHIELDS RICHMOND**  
1919 Cutting Blvd  
Richmond, CA 94804

**SHIP TO** ☐ Shields Richmond,  
Shields Richmond  
1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER		SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA				1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT		
911765	6/20/2023	XXX CONT-EZOX SERIAL: RENTAL:	12	EZOX GAS CONTENT 6/20/2023 TO 6/20/2023	\$7.84	\$94.08		
911765	6/20/2023	XXX DEL-SD-FAC SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - SAME DAY 6/20/2023 TO 6/20/2023	\$147.35	\$147.35		
SUBTOTAL							\$ 241.43	
ADJUSTMENT							\$ 0.00	
TAX AMOUNT							\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX							\$241.43	





# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/30/2023	18312	00894330

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

**SOLD TO** SHIELDS RICHMOND  
1919 Cutting Blvd  
Richmond, CA 94804

**SHIP TO** Shields Richmond,  
Shields Richmond  
1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER		SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA				1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT		
913433	6/1/2023	XXX CYL-EZOX SERIAL: RENTAL:	53	EZOX CYLINDER RENTAL 6/1/2023 TO 6/1/2023	\$4.33	\$229.49		
913433	6/1/2023	XXX CYL-H SERIAL: RENTAL:	2	H CYLINDER RENTAL 6/1/2023 TO 6/1/2023	\$5.41	\$10.82		
SUBTOTAL						\$ 240.31		
ADJUSTMENT						\$ 0.00		
TAX AMOUNT						\$ 0.00		
AMOUNT THIS INVOICE INCLUDING TAX						<b>\$240.31</b>		



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/30/2023	18312	00894402

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER		SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA				1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT		
913527	6/30/2023	XXX CONT-EZOX SERIAL: RENTAL:	16	EZOX GAS CONTENT 6/30/2023 TO 6/30/2023	\$7.84	\$125.44		
913527	6/30/2023	XXX DEL-ND SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - STANDARD 6/30/2023 TO 6/30/2023	\$17.31	\$17.31		
SUBTOTAL						\$ 142.75		
ADJUSTMENT						\$ 0.00		
TAX AMOUNT						\$ 0.00		
AMOUNT THIS INVOICE INCLUDING TAX						\$142.75		



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/30/2023	18312	00894659

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
914022	6/30/2023	RNT HOLDER-E SERIAL:IM00475B RENTAL:IM00475B	1	RENT E CYLINDER HOLDER FOR W/C 6/1/2023 TO 6/30/2023	\$5.41	\$5.41	
914022	6/30/2023	RNT HOLDER-E SERIAL:IM00479B RENTAL:IM00479B	1	RENT E CYLINDER HOLDER FOR W/C 6/1/2023 TO 6/30/2023	\$5.41	\$5.41	
914022	6/30/2023	RNT HOLDER-E SERIAL:IM00485B RENTAL:IM00485B	1	RENT E CYLINDER HOLDER FOR W/C 6/1/2023 TO 6/30/2023	\$5.41	\$5.41	
914022	6/30/2023	RNT CON-5 SERIAL:04F536678 RENTAL:IMS03009	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/30/2023 ✓ Boom	\$37.86	\$37.86	N
914022	6/30/2023	RNT CON-5 SERIAL:04G727956 RENTAL:IMS03474	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/30/2023 ✓ Truly	\$37.86	\$37.86	14
914022	6/30/2023	RNT CON-5 SERIAL:04G678162 RENTAL:IMS03842	1	RENT CONCENTRATOR 5LPM 6/22/2023 TO 6/30/2023 ✓ Liu	\$37.86	\$37.86	21
914022	6/30/2023	RNT CON-5 SERIAL:04I933237 RENTAL:IMS03978	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/30/2023 ✓ Dunnington	\$37.86	\$37.86	14
914022	6/30/2023	RNT CON-5 SERIAL:05A454978 RENTAL:IMS04392	1	RENT CONCENTRATOR 5LPM 6/22/2023 TO 6/30/2023 ✓ Luchit	\$37.86	\$37.86	14
914022	6/30/2023	RNT COMP SERIAL:0050603 RENTAL:IMS06311	1	RENT COMPRESSOR 50PSI 6/1/2023 TO 6/30/2023 ✓ 10/2/23	\$37.86	\$37.86	A v
914022	6/30/2023	RNT CON-5 SERIAL:07BSZ410935 RENTAL:IMS08916	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/30/2023 ✓ 10/2/23	\$37.86	\$37.86	14
914022	6/30/2023	RNT CON-5 SERIAL:09LSZ621159 RENTAL:IMS16042	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/30/2023 ✓ Johnson	\$37.86	\$37.86	14
914022	6/30/2023	RNT COMP SERIAL:00004148 RENTAL:IMS18306	1	RENT COMPRESSOR 50PSI 6/1/2023 TO 6/30/2023 ✓ Tive	\$37.86	\$37.86	14
914022	6/30/2023	RNT HOLDER-E SERIAL:IMS21277 RENTAL:IMS21277	1	RENT E CYLINDER HOLDER FOR W/C 6/1/2023 TO 6/30/2023	\$5.41	\$5.41	
914022	6/30/2023	RNT CON-5 SERIAL:17AF021257 RENTAL:IMS26931	1	RENT CONCENTRATOR 5LPM 6/22/2023 TO 6/30/2023 ✓ 11/2/23	\$37.86	\$37.86	14
914022	6/30/2023	RNT CON-5 SERIAL:17KF010171 RENTAL:IMS28960	1	RENT CONCENTRATOR 5LPM 6/22/2023 TO 6/30/2023 ✓ 11/2/23	\$37.86	\$37.86	14
SUBTOTAL							
ADJUSTMENT							
TAX AMOUNT							
AMOUNT THIS INVOICE INCLUDING TAX							Next Page



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/23/2023	18312	00893122

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

SOLD TO  
SHIELDS RICHMOND  
1919 Cutting Blvd  
Richmond, CA 94804

SHIP TO  
Shields Richmond,  
Shields Richmond  
1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER		SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA				1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT		
911603	6/22/2023	RNT CON-10 SERIAL:16KF012872 RENTAL:IMS26634	1	RENT CONCENTRATOR 10LPM 6/1/2023 TO 6/22/2023	\$77.15	\$77.15		
911603	6/22/2023	RNT CON-10 SERIAL:17CF037987 RENTAL:IMS27627	1	RENT CONCENTRATOR 10LPM 6/1/2023 TO 6/22/2023	\$77.15	\$77.15		
SUBTOTAL						\$ 154.30		
ADJUSTMENT						\$ 0.00		
TAX AMOUNT						\$ 0.00		
AMOUNT THIS INVOICE INCLUDING TAX						\$154.30		



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/21/2023	18312	00892805

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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Richmond, CA 94804

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Shields Richmond,  
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1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	0CA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
911123	6/14/2023	AGI HCG72 SERIAL: RENTAL:	1	72" CPAP/BIPAP TUBING RESUABLE 6/14/2023 TO 6/14/2023	\$30.00	\$30.00	
911123	6/14/2023	RSP 312710 SERIAL: RENTAL:	1	OXY ENRICHMENT ATTACHMENT 6/14/2023 TO 6/14/2023	\$4.00	\$4.00	
911123	6/14/2023	MCK 32647 SERIAL: RENTAL:	1	TUBING OXYGEN CRUSH RES 7" 6/14/2023 TO 6/14/2023	\$0.53	\$0.53	
911123	6/14/2023	RSP 1070038 SERIAL: RENTAL:	1	COMFORTGEL BLUE NASAL MASK WITH 6/14/2023 TO 6/14/2023	\$204.00	\$204.00	
<div>Hi! M ✓</div>							
SUBTOTAL						\$ 238.53	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 20.87	
AMOUNT THIS INVOICE INCLUDING TAX						\$259.40	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
6/30/2023	18312	00894 659

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**S** SHIELDS RICHMOND  
**O** 1919 Cutting Blvd  
**L** Richmond, CA 94804  
**D**  
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**S** Shields Richmond,  
**H** Shields Richmond  
**I** 1919 Cutting Blvd  
**P** Richmond, CA 94804  
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ORDER NUMBER	PURCHASE ORDER NUMBER	LOC	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA				2
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT		
914022	6/30/2023	RNT HOLDER E SERIAL:IMS30036 RENTAL:IMS30036	1	RENT E CYLINDER HOLDER FOR W/C 6/1/2023 TO 6/30/2023	\$5.41	\$5.41		
914022	6/30/2023	RNT HOLDER-E SERIAL:IMS30041 RENTAL:IMS30041	1	RENT E CYLINDER HOLDER FOR W/C 6/1/2023 TO 6/30/2023	\$5.41	\$5.41		
914022	6/30/2023	RNT HOLDER-E SERIAL:IMS30044 RENTAL:IMS30044	1	RENT E CYLINDER HOLDER FOR W/C 6/1/2023 TO 6/30/2023	\$5.41	\$5.41		
914022	6/30/2023	RNT HOLDER-E SERIAL:IMS30049 RENTAL:IMS30049	1	RENT E CYLINDER HOLDER FOR W/C 6/1/2023 TO 6/30/2023	\$5.41	\$5.41		
914022	6/30/2023	RNT CON-5 SERIAL:20BF015339 RENTAL:IMS33277	1	RENT CONCENTRATOR 5LPM 6/1/2023 TO 6/30/2023	\$37.86	\$37.86		
SUBTOTAL						\$ 497.60		
ADJUSTMENT						\$ 0.00		
TAX AMOUNT						\$ 0.00		
AMOUNT THIS INVOICE INCLUDING TAX						\$497.60		

12 Concentrator  
 2 Cylinders  
 1 BIPAP



# MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

## SHIELDS RICHMOND

Dear Sir / Madam,

This summary report contains charges for the current month for the patients listed below:

Inv Date	Invoice #	Patient	Item	DOS	Amount
<b>SHIELDS RICHMOND</b>					
6/12/2023	00891810	Shields Richmond,	EZOX GAS CONTENT	6/9/2023	\$ 101.92
6/12/2023	00891810	Shields Richmond,	DELIVERY/PICKUP FEE - STAND	6/9/2023	\$ 17.31
6/20/2023	00892703	Shields Richmond,	EZOX GAS CONTENT	6/20/2023	\$ 94.08
6/20/2023	00892703	Shields Richmond,	DELIVERY/PICKUP FEE - SAME D	6/20/2023	\$ 147.35
6/21/2023	00892805	Shields Richmond,	72" CPAP/BIPAP TUBING RESUAB	6/14/2023	\$ 32.63
6/21/2023	00892805	Shields Richmond,	OXY ENRICHMENT ATTACHMENT	6/14/2023	\$ 4.35
6/21/2023	00892805	Shields Richmond,	TUBING OXYGEN CRUSH RES 7"	6/14/2023	\$ 0.58
6/21/2023	00892805	Shields Richmond,	COMFORTGEL BLUE NASAL MASK W	6/14/2023	\$ 221.85
6/23/2023	00893122	Shields Richmond,	RENT CONCENTRATOR 10LPM	6/1/2023	\$ 77.15
6/23/2023	00893122	Shields Richmond,	RENT CONCENTRATOR 10LPM	6/1/2023	\$ 77.15
6/30/2023	00894330	Shields Richmond,	EZOX CYLINDER RENTAL	6/1/2023	\$ 229.49
6/30/2023	00894330	Shields Richmond,	H CYLINDER RENTAL	6/1/2023	\$ 10.82
6/30/2023	00894402	Shields Richmond,	EZOX GAS CONTENT	6/30/2023	\$ 125.44
6/30/2023	00894402	Shields Richmond,	DELIVERY/PICKUP FEE - STAND	6/30/2023	\$ 17.31
6/30/2023	00894659	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	6/1/2023	\$ 5.41
6/30/2023	00894659	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	6/1/2023	\$ 5.41
6/30/2023	00894659	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	6/1/2023	\$ 5.41
6/30/2023	00894659	Shields Richmond,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/30/2023	00894659	Shields Richmond,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/30/2023	00894659	Shields Richmond,	RENT CONCENTRATOR 5LPM	6/22/2023	\$ 37.86
6/30/2023	00894659	Shields Richmond,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/30/2023	00894659	Shields Richmond,	RENT CONCENTRATOR 5LPM	6/22/2023	\$ 37.86
6/30/2023	00894659	Shields Richmond,	RENT COMPRESSOR 50PSI	6/1/2023	\$ 37.86
6/30/2023	00894659	Shields Richmond,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/30/2023	00894659	Shields Richmond,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/30/2023	00894659	Shields Richmond,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
6/30/2023	00894659	Shields Richmond,	RENT COMPRESSOR 50PSI	6/1/2023	\$ 37.86

CONTINUED ON NEXT PAGE

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received





# MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

## SHIELDS RICHMOND

CONTINUED FROM PREVIOUS PAGE

Inv Date	Invoice #	Patient	Item	DOS	Amount
6/30/2023	00894659	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	6/1/2023	\$ 5.41
6/30/2023	00894659	Shields Richmond,	RENT CONCENTRATOR 5LPM	6/22/2023	\$ 37.86
6/30/2023	00894659	Shields Richmond,	RENT CONCENTRATOR 5LPM	6/22/2023	\$ 37.86
6/30/2023	00894659	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	6/1/2023	\$ 5.41
6/30/2023	00894659	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	6/1/2023	\$ 5.41
6/30/2023	00894659	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	6/1/2023	\$ 5.41
6/30/2023	00894659	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	6/1/2023	\$ 5.41
6/30/2023	00894659	Shields Richmond,	RENT CONCENTRATOR 5LPM	6/1/2023	\$ 37.86
Total:					\$1,655.02

Thanking you in advance for your prompt payment.

Sincerely,  
Billing Department  
Interactive Medical Systems, Inc.

7/2/2023

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after





**FACSIMILE**

**Date:** 8/1/2023  
**To:** SHIELDS RICHMOND  
  
**Attn:** Business Office Manager (A / P) 1919 Cutting Blvd  
Richmond, CA 94804  
Phone: 510-233-8513  
Fax: 510-236-7589  
  
**From:** Interactive Medical Systems  
Billing Department  
Phone: 888-877-0209 x200  
Fax: 888-877-0212 / 310-227-8229  
  
**Regarding** Oxygen Invoices for July

Please call our customer service representative, Lynette Powell with any questions that you may have this month. She can be reached at the number listed above at extension 200, or write your discrepancy on the invoice and fax back to us at 888-877-0212.

**Thank you for doing business with us!**

**Lynette Powell**

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# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
7/7/2023	18312	00896850

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**S** **SHIELDS RICHMOND**  
**O** **1919 Cutting Blvd**  
**L** **Richmond, CA 94804**  
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**O**

**S** **Shields Richmond,**  
**H** **Shields Richmond**  
**I** **1919 Cutting Blvd**  
**P** **Richmond, CA 94804**  
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**O**

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
915898	7/6/2023	XXX CONT-EZOX SERIAL: RENTAL:	8	EZOX GAS CONTENT 7/6/2023 TO 7/6/2023	\$7.84	\$62.72	
915898	7/6/2023	XXX DEL-ND SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - STANDARD 7/6/2023 TO 7/6/2023	\$17.31	\$17.31	
SUBTOTAL						\$ 80.03	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						<b>\$80.03</b>	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
7/26/2023	18312	00898821

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

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**SHIELDS RICHMOND**  
**1919 Cutting Blvd**  
**Richmond, CA 94804**

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**Shields Richmond,**  
**Shields Richmond**  
**1919 Cutting Blvd**  
**Richmond, CA 94804**

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
917954	7/25/2023	XXX CONT-EZOX SERIAL: RENTAL:	16	EZOX GAS CONTENT 7/25/2023 TO 7/25/2023	\$7.84	\$125.44	
917954	7/25/2023	XXX DEL-ND SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - STANDARD 7/25/2023 TO 7/25/2023	\$17.31	\$17.31	
SUBTOTAL						\$ 142.75	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						<b>\$142.75</b>	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
7/28/2023	18312	00899241

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**S** ☐  
**O** SHIELDS RICHMOND  
**L** 1919 Cutting Blvd  
**D** Richmond, CA 94804  
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**S** ☐  
**H** Shields Richmond,  
**I** Shields Richmond  
**P** 1919 Cutting Blvd  
**T** Richmond, CA 94804  
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ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1

SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT
918439	7/1/2023	XXX CYL-EZOX SERIAL: RENTAL:	54	EZOX CYLINDER RENTAL 7/1/2023 TO 7/1/2023	\$4.33	\$233.82
918439	7/1/2023	XXX CYL-H SERIAL: RENTAL:	2	H CYLINDER RENTAL 7/1/2023 TO 7/1/2023	\$5.41	\$10.82
SUBTOTAL						\$ 244.64
ADJUSTMENT						\$ 0.00
TAX AMOUNT						\$ 0.00
AMOUNT THIS INVOICE INCLUDING TAX						<b>\$244.64</b>



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT NO	INVOICE NUMBER
7/31/2023	18312	00899628

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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Richmond, CA 94804

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Shields Richmond  
1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT	
918700	7/28/2023	XXX CONT-EZOX SERIAL: RENTAL:	10	EZOX GAS CONTENT 7/28/2023 TO 7/28/2023	\$7.84	\$78.40	
918700	7/28/2023	XXX DEL-SD-FAC SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - SAME DAY 7/28/2023 TO 7/28/2023	\$147.35	\$147.35	
SUBTOTAL							\$ 225.75
ADJUSTMENT							\$ 0.00
TAX AMOUNT							\$ 0.00
AMOUNT THIS INVOICE INCLUDING TAX							\$225.75



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
7/31/2023	18312	00899957

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	OJB	OCA			1

SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT
919281	7/31/2023	RNT HOLDER-E SERIAL:IM00475B RENTAL:IM00475B	1	RENT E CYLINDER HOLDER FOR W/C 7/1/2023 TO 7/31/2023	\$5.41	\$5.41
919281	7/31/2023	RNT HOLDER-E SERIAL:IM00479B RENTAL:IM00479B	1	RENT E CYLINDER HOLDER FOR W/C 7/1/2023 TO 7/31/2023	\$5.41	\$5.41
919281	7/31/2023	RNT HOLDER-E SERIAL:IM00485B RENTAL:IM00485B	1	RENT E CYLINDER HOLDER FOR W/C 7/1/2023 TO 7/31/2023	\$5.41	\$5.41
919281	7/31/2023	RNT CON-5 SERIAL:04F536678 RENTAL:IMS03009	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
919281	7/31/2023	RNT CON-5 SERIAL:04G727956 RENTAL:IMS03474	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
919281	7/31/2023	RNT CON-5 SERIAL:04G678162 RENTAL:IMS03842	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
919281	7/31/2023	RNT CON-5 SERIAL:04I933237 RENTAL:IMS03978	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
919281	7/31/2023	RNT CON-5 SERIAL:05A454978 RENTAL:IMS04392	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
919281	7/31/2023	RNT COMP SERIAL:0050603 RENTAL:IMS06311	1	RENT COMPRESSOR 50PSI 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
919281	7/31/2023	RNT CON-5 SERIAL:07BSZ410935 RENTAL:IMS08916	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
919281	7/31/2023	RNT CON-5 SERIAL:09LSZ621159 RENTAL:IMS16042	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
919281	7/31/2023	RNT COMP SERIAL:00004148 RENTAL:IMS18306	1	RENT COMPRESSOR 50PSI 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
919281	7/31/2023	RNT HOLDER-E SERIAL:IMS21277 RENTAL:IMS21277	1	RENT E CYLINDER HOLDER FOR W/C 7/1/2023 TO 7/31/2023	\$5.41	\$5.41
919281	7/31/2023	RNT CON-5 SERIAL:17AF021257 RENTAL:IMS26931	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
919281	7/31/2023	RNT CON-5 SERIAL:17KF010171 RENTAL:IMS28960	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023	\$37.86	\$37.86
SUBTOTAL						
ADJUSTMENT						
TAX AMOUNT						
AMOUNT THIS INVOICE INCLUDING TAX						

Next Page



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
7/31/2023	18312	00899957

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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SHIELDS RICHMOND  
1919 Cutting Blvd  
Richmond, CA 94804

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Shields Richmond,  
Shields Richmond  
1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	LOC	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	0JB	0CA				2
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT		
919281	7/31/2023	RNT HOLDER-E SERIAL:IMS30036 RENTAL:IMS30036	1	RENT E CYLINDER HOLDER FOR W/C 7/1/2023 TO 7/31/2023	\$5.41	\$5.41		
919281	7/31/2023	RNT HOLDER-E SERIAL:IMS30041 RENTAL:IMS30041	1	RENT E CYLINDER HOLDER FOR W/C 7/1/2023 TO 7/31/2023	\$5.41	\$5.41		
919281	7/31/2023	RNT HOLDER-E SERIAL:IMS30044 RENTAL:IMS30044	1	RENT E CYLINDER HOLDER FOR W/C 7/1/2023 TO 7/31/2023	\$5.41	\$5.41		
919281	7/31/2023	RNT HOLDER-E SERIAL:IMS30049 RENTAL:IMS30049	1	RENT E CYLINDER HOLDER FOR W/C 7/1/2023 TO 7/31/2023	\$5.41	\$5.41		
919281	7/31/2023	RNT CON-5 SERIAL:20BF015339 RENTAL:IMS33277	1	RENT CONCENTRATOR 5LPM 7/1/2023 TO 7/31/2023	\$37.86	\$37.86		
						SUBTOTAL	\$ 497.60	
						ADJUSTMENT	\$ 0.00	
						TAX AMOUNT	\$ 0.00	
						AMOUNT THIS INVOICE INCLUDING TAX	\$497.60	

10 Oxygen  
2 Compressor





# MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

## SHIELDS RICHMOND

Dear Sir / Madam,

This summary report contains charges for the current month for the patients listed below:

Inv Date	Invoice #	Patient	Item	DOS	Amount
<b>SHIELDS RICHMOND</b>					
7/7/2023	00896850	Shields Richmond,	EZOX GAS CONTENT	7/6/2023	\$ 62.72
7/7/2023	00896850	Shields Richmond,	DELIVERY/PICKUP FEE - STAND	7/6/2023	\$ 17.31
7/26/2023	00898821	Shields Richmond,	EZOX GAS CONTENT	7/25/2023	\$ 125.44
7/26/2023	00898821	Shields Richmond,	DELIVERY/PICKUP FEE - STAND	7/25/2023	\$ 17.31
7/28/2023	00899241	Shields Richmond,	EZOX CYLINDER RENTAL	7/1/2023	\$ 233.82
7/28/2023	00899241	Shields Richmond,	H CYLINDER RENTAL	7/1/2023	\$ 10.82
7/31/2023	00899628	Shields Richmond,	EZOX GAS CONTENT	7/28/2023	\$ 78.40
7/31/2023	00899628	Shields Richmond,	DELIVERY/PICKUP FEE - SAME D	7/28/2023	\$ 147.35
7/31/2023	00899957	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	7/1/2023	\$ 5.41
7/31/2023	00899957	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	7/1/2023	\$ 5.41
7/31/2023	00899957	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	7/1/2023	\$ 5.41
7/31/2023	00899957	Shields Richmond,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899957	Shields Richmond,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899957	Shields Richmond,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899957	Shields Richmond,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899957	Shields Richmond,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899957	Shields Richmond,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899957	Shields Richmond,	RENT COMPRESSOR 50PSI	7/1/2023	\$ 37.86
7/31/2023	00899957	Shields Richmond,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899957	Shields Richmond,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899957	Shields Richmond,	RENT COMPRESSOR 50PSI	7/1/2023	\$ 37.86
7/31/2023	00899957	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	7/1/2023	\$ 5.41
7/31/2023	00899957	Shields Richmond,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899957	Shields Richmond,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
7/31/2023	00899957	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	7/1/2023	\$ 5.41
7/31/2023	00899957	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	7/1/2023	\$ 5.41
7/31/2023	00899957	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	7/1/2023	\$ 5.41

CONTINUED ON NEXT PAGE

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received





## MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

### SHIELDS RICHMOND

CONTINUED FROM PREVIOUS PAGE

Inv Date	Invoice #	Patient	Item	DOS	Amount
7/31/2023	00899957	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	7/1/2023	\$ 5.41
7/31/2023	00899957	Shields Richmond,	RENT CONCENTRATOR 5LPM	7/1/2023	\$ 37.86
Total:					\$1,190.77

Thanking you in advance for your prompt payment.

Sincerely,  
Billing Department  
Interactive Medical Systems, Inc.

8/1/2023

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to



**FACSIMILE**

**Date:** 9/1/2023  
**To:** SHIELDS RICHMOND  
  
**Attn:** Business Office Manager (A / P) 1919 Cutting Blvd  
Richmond, CA 94804  
Phone: 510-233-8513  
Fax: 510-236-7589  
  
**From:** Interactive Medical Systems  
Billing Department  
Phone: 888-877-0209 x200  
Fax: 888-877-0212 / 310-227-8229  
  
**Regarding** Oxygen Invoices for August

---

**Please call our customer service representative, Lynette Powell with any questions that you may have this month. She can be reached at the number listed above at extension 200, or write your discrepancy on the invoice and fax back to us at 888-877-0212.**

**Thank you for doing business with us!**

**Lynette Powell**

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received this fax in error and/or are not the intended recipient, please call us immediately at (714) 894-5029 ext. 200 to receive instruction regarding the destruction or return of this sensitive information.



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/9/2023	18312	00902435

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**REVISED**

7:12 am, Sep 02, 2023

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT	
921568	8/9/2023	XXX DEL-ND SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - STANDARD 8/9/2023 TO 8/9/2023	\$17.13	\$17.13	
SUBTOTAL						\$ 17.13	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$17.13	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/1/2023	18312	00901650

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**SOLD TO** ☐ **SHIELDS RICHMOND**  
1919 Cutting Blvd  
Richmond, CA 94804

**SHIP TO** ☐ Shields Richmond,  
Shields Richmond  
1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
920757	8/1/2023	XXX CONT-EZOX SERIAL: RENTAL:	14	EZOX GAS CONTENT 8/1/2023 TO 8/1/2023	\$7.84	\$109.76	
920757	8/1/2023	XXX DEL-ND SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - STANDARD 8/1/2023 TO 8/1/2023	\$17.31	\$17.31	
SUBTOTAL						\$ 127.07	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$127.07	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH  
YOUR PAYMENT TO INSURE PROPER  
CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/9/2023	18312	00902435

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

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**1919 Cutting Blvd**  
**Richmond, CA 94804**

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**Shields Richmond,**  
**Shields Richmond**  
**1919 Cutting Blvd**  
**Richmond, CA 94804**

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	0CA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT	
921568	8/9/2023	XXX CONT-EZOX SERIAL: RENTAL:	17	EZOX GAS CONTENT 8/9/2023 TO 8/9/2023	\$7.84	\$133.28	
SUBTOTAL						\$ 133.28	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$133.28	





# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/23/2023	18312	00903868

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**SOLD TO** SHIELDS RICHMOND  
 1919 Cutting Blvd  
 Richmond, CA 94804

**SHIP TO** Shields Richmond,  
 Shields Richmond  
 1919 Cutting Blvd  
 Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	0CA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
923060	8/22/2023	XXX CONT-EZOX SERIAL: RENTAL:	22	EZOX GAS CONTENT 8/22/2023 TO 8/22/2023	\$7.84	\$172.48	
923060	8/22/2023	XXX DEL-ND SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - STANDARD 8/22/2023 TO 8/22/2023	\$17.31	\$17.31	
SUBTOTAL						\$ 189.79	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$189.79	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/30/2023	18312	00904925

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
**P.O. BOX 843789**  
**LOS ANGELES, CA 90084-3789**  
**888-877-0209**

**S** SHIELDS RICHMOND  
**O** 1919 Cutting Blvd  
**L** Richmond, CA 94804  
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**S** Shields Richmond,  
**H** Shields Richmond  
**I** 1919 Cutting Blvd  
**P** Richmond, CA 94804  
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ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT	
924213	8/29/2023	XXX CONT-EZOX SERIAL: RENTAL:	20	EZOX GAS CONTENT 8/29/2023 TO 8/29/2023	\$7.84	\$156.80	
924213	8/29/2023	XXX DEL-ND SERIAL: RENTAL:	1	DELIVERY/PICKUP FEE - STANDARD 8/29/2023 TO 8/29/2023	\$17.31	\$17.31	
SUBTOTAL						\$ 174.11	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						<b>\$174.11</b>	





# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/31/2023	18312	00905406

PLEASE MAKE CHECKS PAYABLE TO  
AND MAIL TO:

**INTERACTIVE MEDICAL SYSTEMS, INC.**  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

**S** SHIELDS RICHMOND  
**O** 1919 Cutting Blvd  
**L** Richmond, CA 94804  
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**S** Shields Richmond,  
**H** Shields Richmond  
**I** 1919 Cutting Blvd  
**P** Richmond, CA 94804  
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ORDER NUMBER		PURCHASE ORDER NUMBER		SLS		TER		SHIP VIA		TERMS		INITIALS		PAGE	
				LTC		IMS		OCA						1	
SHIPPING ORDER NUMBER		DATE		ITEM		QTY SHIP'D		DESCRIPTION				UNIT PRICE		AMOUNT	
924701		8/1/2023		XXX CYL-EZOX SERIAL: RENTAL:		45		EZOX CYLINDER RENTAL 8/1/2023 TO 8/1/2023				\$4.33		\$194.85	
924701		8/1/2023		XXX CYL-H SERIAL: RENTAL:		2		H CYLINDER RENTAL 8/1/2023 TO 8/1/2023				\$5.41		\$10.82	
SUBTOTAL												\$ 205.67			
ADJUSTMENT												\$ 0.00			
TAX AMOUNT												\$ 0.00			
AMOUNT THIS INVOICE INCLUDING TAX												\$205.67			



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/30/2023	18312	00904707

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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SHIELDS RICHMOND  
1919 Cutting Blvd  
Richmond, CA 94804

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Shields Richmond,  
Shields Richmond  
1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	IMS	OCA			1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT	
923210	8/24/2023	RNT CON-5 SERIAL:04F536678 RENTAL:IMS03009	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/24/2023 ✓ <i>Drum</i>	\$37.86	\$37.86	<i>LP</i>
923210	8/24/2023	RNT CON-5 SERIAL:17AF021257 RENTAL:IMS26931	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/24/2023 ✓ <i>Shion</i>	\$37.86	\$37.86	<i>LP</i>
SUBTOTAL						\$ 75.72	
ADJUSTMENT						\$ 0.00	
TAX AMOUNT						\$ 0.00	
AMOUNT THIS INVOICE INCLUDING TAX						\$75.72	



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/31/2023	18312	00905620

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

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1919 Cutting Blvd  
Richmond, CA 94804

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Shields Richmond,  
Shields Richmond  
1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	QJB	OCA			1

SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIPD	DESCRIPTION	UNIT PRICE	AMOUNT
925112	8/31/2023	RNT HOLDER-E SERIAL:IM00475B RENTAL:IM00475B	1	RENT E CYLINDER HOLDER FOR W/C 8/1/2023 TO 8/31/2023	\$5.41	\$5.41
925112	8/31/2023	RNT HOLDER-E SERIAL:IM00479B RENTAL:IM00479B	1	RENT E CYLINDER HOLDER FOR W/C 8/1/2023 TO 8/31/2023	\$5.41	\$5.41
925112	8/31/2023	RNT HOLDER-E SERIAL:IM00485B RENTAL:IM00485B	1	RENT E CYLINDER HOLDER FOR W/C 8/1/2023 TO 8/31/2023	\$5.41	\$5.41
925112	8/31/2023	RNT CON-5 SERIAL:04G727956 RENTAL:IMS03474	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023 <i>Chillerday</i>	\$37.86	\$37.86
925112	8/31/2023	RNT CON-5 SERIAL:04G678162 RENTAL:IMS03842	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023 <i>Christian</i>	\$37.86	\$37.86
925112	8/31/2023	RNT CON-5 SERIAL:04I933237 RENTAL:IMS03978	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023 <i>Didson</i>	\$37.86	\$37.86
925112	8/31/2023	RNT CON-5 SERIAL:05A454978 RENTAL:IMS04392	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023 <i>Shaw</i>	\$37.86	\$37.86
925112	8/31/2023	RNT COMP SERIAL:0050603 RENTAL:IMS06311	1	RENT COMPRESSOR 50PSI 8/1/2023 TO 8/31/2023 <i>Shaw</i>	\$37.86	\$37.86
925112	8/31/2023	RNT CON-5 SERIAL:07BSZ410935 RENTAL:IMS08916	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023 <i>Mualiman</i>	\$37.86	\$37.86
925112	8/31/2023	RNT COMP SERIAL:00004148 RENTAL:IMS18306	1	RENT COMPRESSOR 50PSI 8/1/2023 TO 8/31/2023 <i>Pool</i>	\$37.86	\$37.86
925112	8/31/2023	RNT HOLDER-E SERIAL:IMS21277 RENTAL:IMS21277	1	RENT E CYLINDER HOLDER FOR W/C 8/1/2023 TO 8/31/2023	\$5.41	\$5.41
925112	8/31/2023	RNT CON-10 SERIAL:16KF012872 RENTAL:IMS26634	1	RENT CONCENTRATOR 10LPM 8/24/2023 TO 8/31/2023 <i>Wynnd</i>	\$77.15	\$77.15
925112	8/31/2023	RNT CON-5 SERIAL:16IF010800 RENTAL:IMS26750	1	RENT CONCENTRATOR 5LPM 8/24/2023 TO 8/31/2023 <i>Sanchez</i>	\$37.86	\$37.86
925112	8/31/2023	RNT CON-5 SERIAL:17KF010171 RENTAL:IMS28960	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023 <i>Deane</i>	\$37.86	\$37.86
925112	8/31/2023	RNT HOLDER-E SERIAL:IMS30036 RENTAL:IMS30036	1	RENT E CYLINDER HOLDER FOR W/C 8/1/2023 TO 8/31/2023	\$5.41	\$5.41
SUBTOTAL						
ADJUSTMENT						
TAX AMOUNT						
AMOUNT THIS INVOICE INCLUDING TAX						

Next Page



# ORIGINAL CLAIM / INVOICE

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO	INVOICE NUMBER
8/31/2023	18312	009 05620

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO:

INTERACTIVE MEDICAL SYSTEMS, INC.  
P.O. BOX 843789  
LOS ANGELES, CA 90084-3789  
888-877-0209

**SOLD TO**  
SHIELDS RICHMOND  
1919 Cutting Blvd  
Richmond, CA 94804

**SHIP TO**  
Shields Richmond,  
Shields Richmond  
1919 Cutting Blvd  
Richmond, CA 94804

ORDER NUMBER	PURCHASE ORDER NUMBER	LOC	SLS	TER	SHIP VIA	TERMS	INITIALS	PAGE
		LTC	QJB	QCA				2

SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	DESCRIPTION	UNIT PRICE	AMOUNT
925112	8/31/2023	RNT HOLDER-E SERIAL:IMS30041 RENTAL:IMS30041	1	RENT E CYLINDER HOLDER FOR W/C 8/1/2023 TO 8/31/2023	\$5.41	\$5.41
925112	8/31/2023	RNT HOLDER-E SERIAL:IMS30044 RENTAL:IMS30044	1	RENT E CYLINDER HOLDER FOR W/C 8/1/2023 TO 8/31/2023	\$5.41	\$5.41
925112	8/31/2023	RNT HOLDER-E SERIAL:IMS30049 RENTAL:IMS30049	1	RENT E CYLINDER HOLDER FOR W/C 8/1/2023 TO 8/31/2023	\$5.41	\$5.41
925112	8/31/2023	RNT CON-5 SERIAL:20BF015339 RENTAL:IMS33277	1	RENT CONCENTRATOR 5LPM 8/1/2023 TO 8/31/2023 <i>50ml</i>	\$37.86	\$37.86
SUBTOTAL						\$ 499.03
ADJUSTMENT						\$ 0.00
TAX AMOUNT						\$ 0.00
AMOUNT THIS INVOICE INCLUDING TAX						<b>\$499.03</b>

*11 Concentrator  
2 Cylinders*



# MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

## SHIELDS RICHMOND

Dear Sir / Madam,

This summary report contains charges for the current month for the patients listed below.

Inv Date	Invoice #	Patient	Item	DOS	Amount
<b>SHIELDS RICHMOND</b>					
8/1/2023	00901650	Shields Richmond,	EZOX GAS CONTENT	8/1/2023	\$ 109.76
8/1/2023	00901650	Shields Richmond,	DELIVERY/PICKUP FEE - STAND	8/1/2023	\$ 17.31
8/9/2023	00902435	Shields Richmond,	EZOX GAS CONTENT	8/9/2023	\$ 133.28
8/16/2023	00903095	Shields Richmond,	EZOX GAS CONTENT	8/16/2023	\$ 109.76
8/16/2023	00903095	Shields Richmond,	DELIVERY/PICKUP FEE - STAND	8/16/2023	\$ 17.31
8/23/2023	00903868	Shields Richmond,	EZOX GAS CONTENT	8/22/2023	\$ 172.48
8/23/2023	00903868	Shields Richmond,	DELIVERY/PICKUP FEE - STAND	8/22/2023	\$ 17.31
8/30/2023	00904707	Shields Richmond,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/30/2023	00904707	Shields Richmond,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/30/2023	00904925	Shields Richmond,	EZOX GAS CONTENT	8/29/2023	\$ 156.80
8/30/2023	00904925	Shields Richmond,	DELIVERY/PICKUP FEE - STAND	8/29/2023	\$ 17.31
8/31/2023	00905406	Shields Richmond,	EZOX CYLINDER RENTAL	8/1/2023	\$ 194.85
8/31/2023	00905406	Shields Richmond,	H CYLINDER RENTAL	8/1/2023	\$ 10.82
8/31/2023	00905620	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	8/1/2023	\$ 5.41
8/31/2023	00905620	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	8/1/2023	\$ 5.41
8/31/2023	00905620	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	8/1/2023	\$ 5.41
8/31/2023	00905620	Shields Richmond,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/31/2023	00905620	Shields Richmond,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/31/2023	00905620	Shields Richmond,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/31/2023	00905620	Shields Richmond,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/31/2023	00905620	Shields Richmond,	RENT COMPRESSOR 50PSI	8/1/2023	\$ 37.86
8/31/2023	00905620	Shields Richmond,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/31/2023	00905620	Shields Richmond,	RENT COMPRESSOR 50PSI	8/1/2023	\$ 37.86
8/31/2023	00905620	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	8/1/2023	\$ 5.41
8/31/2023	00905620	Shields Richmond,	RENT CONCENTRATOR 10LPM	8/24/2023	\$ 77.15
8/31/2023	00905620	Shields Richmond,	RENT CONCENTRATOR 5LPM	8/24/2023	\$ 37.86

CONTINUED ON NEXT PAGE

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you have received



## MONTH END SUMMARY REPORT

THIS IS NOT A BILL. PLEASE PAY FROM  
YOUR INVOICES, NOT THIS SUMMARY

### SHIELDS RICHMOND

CONTINUED FROM PREVIOUS PAGE

Inv Date	Invoice #	Patient	Item	DOS	Amount
8/31/2023	00905620	Shields Richmond,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
8/31/2023	00905620	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	8/1/2023	\$ 5.41
8/31/2023	00905620	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	8/1/2023	\$ 5.41
8/31/2023	00905620	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	8/1/2023	\$ 5.41
8/31/2023	00905620	Shields Richmond,	RENT E CYLINDER HOLDER FOR W	8/1/2023	\$ 5.41
8/31/2023	00905620	Shields Richmond,	RENT CONCENTRATOR 5LPM	8/1/2023	\$ 37.86
Total:					\$1,548.87

Thanking you in advance for your prompt payment.

Sincerely,  
Billing Department  
Interactive Medical Systems, Inc.

9/1/2023

Health Care Information is personal and sensitive information related to a person's healthcare. Such information is being faxed to you after

## EXHIBIT 5

1 MICHAEL JAY BERGER (State Bar # 100291)  
2 LAW OFFICES OF MICHAEL JAY BERGER  
3 9454 Wilshire Boulevard, 6<sup>th</sup> Floor  
4 Beverly Hills, California 90212  
5 T: (310) 271.6223  
6 F: (310) 271.9805  
7 E: Michael.Berger@bankruptcypower.com

8 Proposed Counsel for Debtor-in-Possession  
9 Shields Nursing Centers, Inc.

10 UNITED STATES BANKRUPTCY COURT  
11 NORTHERN DISTRICT OF CALIFORNIA  
12 OAKLAND DIVISION

13 In re:

14 Shields Nursing Centers, Inc.,

15 Debtor-in-Possession.

CASE NO.: 23-bk-41201 CN11

Chapter 11

**[PROPOSED] ORDER ON DEBTOR'S  
MOTION PURSUANT TO SECTIONS  
363(b) AND 105(a) OF THE  
BANKRUPTCY CODE FOR ORDER  
AUTHORIZING DEBTOR TO PAY  
CRITICAL VENDORS**

Date:

Time:

Place: U.S. Bankruptcy Court  
Courtroom 215  
1300 Clay Street  
Oakland, CA 94612



1 This matter came on for hearing on , 2023 (the "Hearing") to consider  
2 the Debtor's Motion Pursuant to Section 383(b) and 105(a) of the Bankruptcy Code for  
3 Order Authorizing Debtor to Pay Critical Vendors (the "Motion") filed by Shields  
4 Nursing Centers, Inc., the debtor and debtor in possession in the above-captioned case  
5 ("Debtor") in the above-captioned chapter 11 case (the "Chapter 11 Case") for the entry  
6 of an Order authorizing, but not directing, the Debtor to pay Critical Vendors pursuant to  
7 Sections 105(a), and 363 of title 11 of the United States Code (the "Bankruptcy Code").  
8 The Court having considered the Motion and the evidence submitted in support thereof  
9 and upon the pleadings filed with, and the proceedings held before the Court, and, after  
10 due deliberation, sufficient cause appearing therefore, the Court makes the following  
11 findings of fact and conclusions of law:

12 **IT IS FOUND, DETERMINED, ORDERED AND ADJUDGED, THAT:**

13 A. **Jurisdiction and Venue.** This Court has jurisdiction over the Chapter 11  
14 Case pursuant to 28 U.S.C. § 1334. This matter is a core proceeding pursuant to 28  
15 U.S.C. § 157(b). Venue is proper before this Court pursuant to 28 U.S.C. §§ 1408 and  
16 1409.

17 B. **Need to Use the Pay Critical Vendors.** The Debtor has an immediate need  
18 to continue to use the Debtor's Critical Vendors, all of which will cease doing business  
19 with the Debtor if the Debtor does not pay for pre-petition costs of good and/or services.

20 C. **Immediate Entry of Order.** For the reasons stated above, the Debtor has  
21 requested immediate entry of this Order pursuant to Bankruptcy Rule 4001(b)(2). Absent  
22 granting the relief set forth in this Order, the Debtor's business, assets, and estate will be  
23 immediately and irreparably harmed. This Court concludes that authorization to use the  
24 Cash Collateral to pay the Critical Vendors, in accordance with this Order, is therefore in  
25 the best interests of the Debtor's estate and creditors as its implementation will, among  
26 other things, allow for the continued flow of services to the Debtor necessary to sustain  
27  
28

1 the operation of the Debtor's existing business during the pendency of this Chapter 11  
2 Case.

3 **NOW, THEREFORE**, on the Motion, the foregoing findings,  
4 acknowledgements, and conclusions, and upon the record made before the Court at the  
5 hearing, which is incorporated herein by reference, and good and sufficient cause  
6 appearing therefore,

7 **IT IS ORDERED that:**

8 1. **Motion Granted.** The Motion is hereby granted in accordance with the  
9 terms and conditions set forth in this Order. Any objections to the Motion with respect to  
10 the entry of this Order that have not been withdrawn, waived, or settled, and all  
11 reservations of rights included therein, are hereby denied and overruled.

12  
13 2. **Payments Authorized.** The Debtor is authorized but not required to pay  
14 Critical Vendors for the value of pre-petition goods and/or services as follows:

15 **Critical Vendors**

Vendor	Prepetition Amount Owed	Goods/Service Provided to Debtor and Debtor's Necessity to Continue Working with Vendor
Elam's Consulting & Inspection Services Inc.	\$13,750.00  Exhibit "1"	Elam's Consulting and Inspection Services Inc. is the California State Inspector which must complete the inspection of the Debtor's nurse call system. Elam's Consulting and Inspection Services Inc. pending invoices are for the installation and inspection of the Debtor's new nurse call system. The Elam Consulting and Inspection Services Inc. is requiring to be paid its pre-petition invoices in order to continue its services and sign off on the installation and inspection of Debtor's new nurse call system. Failure to obtain the California State Inspector sign off could jeopardize the licensure of the Debtor's facilities.

1 2 3 4 5 6 7 8	Nutrition Therapy Essentials	\$5,292.00 Exhibit "2"	Nutrition Therapy Essentials is the exclusive vendor that provides dietician services to the Debtor. Debtor is required by health regulatory mandates to have its residents regularly reviewed by a dietician. Nutrition Therapy Essentials is the only company in the area that can provide dietician services to the Debtor's residents. Nutrition Therapy Essentials has stopped providing post-petition services to the Debtor and has indicated it will not continue providing services to the Debtor until the pre-petition past due invoice(s) are paid.
9 10 11 12 13 14 15 16 17 18	Providence Rehab Group, Inc.	\$146,235.60 Exhibit "3"	Providence Rehab has an exclusive contract with the Debtor to provide the Debtor's rehab patients physical therapy, occupational therapy and speech therapy services. Providence Rehab must be paid its past-due balance so that it will continue to provide necessary therapy services to the Debtor's patients. The Debtor has already billed Medicare and the various insurance companies for the work performed by Providence Rehab and was paid for Providence Rehab's services. Debtor must pay Providence Rehab its portion of the insurance proceeds the Debtor has already collected to ensure will not be a disruption to Debtor's therapy services provided to its rehab patients.
19 20 21 22 23 24 25	Interactive Medical Systems Inc.	\$21,918.18 Exhibit "4"	Interactive Medical System is the sole provider of Oxygen tanks to the Debtor. Debtor must have a consistent supply to Oxygen tanks for its residents. Interactive Medical System indicated to the Debtor that it will stop services until the pre-petition invoices are paid in full. Requiring the Debtor to seek a new provider will cause a significant disruption to Debtor's business and to healthcare provided to Debtor's patients.
26 27 28	<b>Total</b>	<b>\$187,195.74</b>	

1           3.     **Retention of Jurisdiction.** The Court has and will retain jurisdiction to  
2 enforce this Order according to its terms.

3                                   ***\*\* END OF ORDER \*\****  
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## PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is:  
9454 Wilshire Blvd., 6<sup>th</sup> Fl., Beverly Hills, CA 90212

A true and correct copy of the foregoing document entitled (*specify*): **DEBTOR'S MOTION PURSUANT TO SECTIONS 363(b) AND 105(a) OF THE BANKRUPTCY CODE FOR ORDER AUTHORIZING DEBTOR TO PAY CRITICAL VENDORS; MEMORANDUM OF POINTS AND AUTHORITIES; STATEMENT REGARDING CASH COLLATERAL; DECLARATION OF WILLIAM M. SHIELDS JR. IN SUPPORT THEREOF** will be served or was served (a) on the judge in chambers in the form and manner required by LBR 5005-2(d); and (b) in the manner stated below:

**1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF):** Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) 10/12/2023, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

Debtor's Proposed Counsel: Michael Jay Berger michael.berger@bankruptcypower.com,  
michael.berger@ecf.courtdrive.com  
U.S. Trustee: Trevor Ross Fehr trevor.fehr@usdoj.gov  
Office of the U.S. Trustee/Oak USTPRegion17.OA.ECF@usdoj.gov

☐ Service information continued on attached page

**2. SERVED BY UNITED STATES MAIL:**

On 10/12/2023, I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

☒ Service information continued on attached page

**3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL** (*state method for each person or entity served*): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on 10/12/2023, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

Honorable Charles Novack  
United States Bankruptcy Court  
1300 Clay Street, Ctrm 215  
Oakland, CA 94612

☐ Service information continued on attached page

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

10/12/2023  
Date

Peter Garza  
Printed Name

/s/Peter Garza  
Signature

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

**2. SERVED BY UNITED STATES MAIL:**

U.S. Trustee  
Attn: Trevor Ross Fehr, Esq.  
280 S 1<sup>st</sup> St. #268  
San Jose, CA 95113

**SECURED CREDITORS:**

BizFund LLC  
2371 McDonald Ave., 2nd Floor  
Brooklyn, NY 11223

BlueVine  
401 Warren St., Ste 300  
Redwood City, CA 94063

CT Corporation System, as representative  
330 N. Brand Blvd., Ste 700  
Glendale, CA 91203

Dimension Funding, LLC  
6 Hughes Street #220  
Irvine, CA 92618

Employee Development Department  
Bankruptcy Group MIC 92E  
PO Box 826880  
Sacramento, CA 94280-0001

First Corporate Solutions, representative  
914 S. Street  
Sacramento, CA 95811

U.S. Small Business Administration  
c/o Anne Manalili  
El Paso Loan Service Center  
10737 Gateway West, Ste. 300  
El Paso, TX 79935

U.S. Small Business Administration  
Attn: District Counsel  
c/o Anne Manalili  
455 Market Street, Suite 600  
San Francisco, CA 94105

Leaf Capital Funding, LLC  
2005 Market Street, 14th Fl  
Philadelphia, PA 19103

---

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

UFS West LLC  
1915 Hollywood Blvd., Suite 200A  
Hollywood, FL 33020

Webfund  
99 Washington Ave., Ste 1008  
Albany, NY 12260

**20 LARGEST UNSECURED CREDITORS:**

AMPG Healthcare Solution, Inc  
1313 N. Milpitas Blvd #154  
Milpitas, CA 95035

BizFund LLC  
2371 McDonald Ave., 2nd Floor  
Brooklyn, NY 11223

BlueVine  
401 Warren St., Ste 300  
Redwood City, CA 94063

CTI III, LLC  
CTI Corporate Tax Incentives  
1720 Prairie City Rd., Ste 120  
Folsom, CA 95630

Dept. of Health Care Services  
Acct Sect/Cashiers Unit, MS 1101  
PO Box 997415  
Sacramento, CA 95899-7415

Dimension Funding, LLC  
6 Hughes Street #220  
Irvine, CA 92618

Diagnostic Laboratories SL  
Community Mobile Diagnostic  
Attn: Cash Applications  
PO Box 676210  
Dallas, TX 75267-6210

El Cerrito Investment Group, LLC  
Eyring Realty, Inc  
PO Box 2408  
Danville, CA 94526

El Cerrito Investment Group, LLC  
c/o Lane Powell PC  
Attn: James B. Zack  
1420 Fifth Ave., Ste. 4200  
Seattle, WA 98101 (Address from POC)

Earleen Miller  
c/o Labor Commissioner Office  
1515 Clay St., Ste 801  
Oakland, CA 94612

Graph Insurance Group  
c/o Lipsius-Benhaim Law, LLP  
Attn: Meir L. Goldberg  
80-02 Kew Gardens Rd, Ste 1030  
Kew Gardens, NY 11415

Internal Revenue Service  
P O Box 7346  
Philadelphia, PA 19101-7346

James Prasad  
29910 Bello View Place  
Hayward, CA 94544

Kaiser Foundation Health Plan, Inc  
File 5915  
Purchase #602186-0000  
Los Angeles, CA 90074-5915

McKesson Medial-Surgical #31714  
PO Box 630693  
Cincinnati, OH 45263-0693

Nextaff Group, LLC  
c/o Webster Bank  
PO Box 847637  
Boston, MA 02284

Pharmerica  
Attn: LeeAnn - AR  
PO Box 409251  
Atlanta, GA 30384-9251

Shiftmed, LLC  
PO Box 124004  
Dallas, TX 75312

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This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.



U.S. Small Business Administration  
c/o Anne Manalili  
El Paso Loan Service Center  
10737 Gateway West, Ste. 300  
El Paso, TX 79935

U.S. Small Business Administration  
Attn: District Counsel  
c/o Anne Manalili  
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San Francisco, CA 94105

UFS West LLC  
1915 Hollywood Blvd., Suite 200A  
Hollywood, FL 33020

Webfund  
99 Washington Ave., Ste 1008  
Albany, NY 12260

**CRITICAL VENDORS:**

Elam's Consulting & Inspection Services Inc.  
164 Robles Dr. #270  
Vallejo, CA 94591

Interactive Medical Systems Inc  
PO Box 843789  
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Nutrition Therapy Essentials  
2350 W. Shaw Ave., Ste. 106  
Fresno, CA 93711

Providence Rehab Group, Inc.  
PO Box 5215  
Novato, CA 94948